# Working Women's Multiple Roles and Psychological Distress: The Influence of Gender Role Socialization

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## Abstract

Two studies were conducted to investigate the influence of gender role socialization on the relationship between women's multiple roles and psychological distress. In Study 1, an initial pool of 62 candidate items for a Gender Role Socialization (GRS) scale for women was given to 128 female Chinese university students. After item elimination due to unbalanced distributions and skewness, exploratory factor analyses identified three components which were labelled "Traditional Ideal Womanhood," "Self-sacrificing," and "Competent without Complaint." Intercorrelations between components of the GRS scale, masculine and feminine gender role stress, and masculine and feminine gender role orientation provided evidence of validity. Although the relationships varied for each subscale, gender role socialization was largely unrelated to gender role orientation and slightly related to masculine and feminine gender role stress. In Study 2, confirmatory factor analyses (CFA) conducted on a sample of 225 Chinese working women suggested that the construct of gender role socialization is multidimensional. The three key roles of paid worker, spouse, and parent were examined in this study. From this group of women, 119 were single workers, 42 married workers, and 64 married and working mothers. Hierarchical multiple regression analyses were used to test the main research question of whether gender role socialization influenced psychological distress, as measured by the General Health Questionnaire (GHQ), beyond the effects of role quantity and quality variables. As expected, role quality was a better predictor of psychological distress than role quantity. Quality of the work role was the most influential variable affecting distress. Moreover, gender role socialization accounted for significant portions of explained variance even after

taking role quality into account. The Traditional Ideal Womanhood subscale was the only variable that had a significant effect on the indices of distress, with a high endorsement predicting more distress. All interaction terms between the three GRS subscales and the three role quality variables were entered in each of the regression equations last to examine all possible relationships. The term Self-sacrificing by Work quality consistently predicted all four indices of the GHQ – anxiety, depression, social dysfunction, and somatic symptoms. Competent without Complaint by Work quality predicted depression and Traditional Ideal Womanhood by Mother quality predicted somatic symptoms. The relative merits and shortcomings of the GRS scale and construct for Chinese women are discussed and suggestions for future investigations of multiple roles, well-being, and gender role socialization given.

# 摘　要

我們一共進行了兩項研究以探討性別角色社會化在女性多種角色及心理沮喪之間的影響。在研究(一)中，我們最初以Gender Role Socialization(GRS)中六十二個候選變項向128名中文大學女學生作調查。部份項目由於出現分配不平衡及偏態而被刪除，然後透過探討性的因素分析，我們分辨出三個組成部份並標籤爲：「傳統理想女性身分」、「自我犧牲」及「勝任而沒有怨言」。在性別角色社會化量表中各部份、男性化與女性化性別角色壓力、及男性化與女性化性別角色定向等的交互相關都提供了效度的證明。即使每個次量表之間的關係迥異，然而性別角色社會化在很大程度上與性別角色定向是不相關的，及與男性化和女性化性別角色壓力有些微關係。在研究(二)中，我們在225名中國在職女性進行了固定性因素分析(CFA)，結果顯示性別角色社會化的構念是多維性的。是項研究亦會探討受薪在職人士、配偶及父母等三個主要角色。在這組女性當中，119名爲單身在職人士、42名爲已婚在職人士和64名已婚在職母親。是項研究利用Hierarchical multiple analysis以測試在主要研究問題中，是否如General Health Questionnaire(GHQ)的測試結果一樣，除了角色數量與素質之變項外，性別角色社會化對心理沮喪有否影響。一如想像，在預測「心理沮喪」方面，角色素質相對於角色數量是一個較佳的預測變項。而工作角色的素質對於「沮喪」方面，更是最具影響力的變項。此外，分析時即使考慮角色素質的影響後，性別角色社會化仍佔了非常顯著的解釋變異量。傳統理想女性身分次量表是在沮喪指數方面唯一有顯著效果的變項，結果顯示次量表的分數越高所預測的沮喪程度越大。我們將三個性別角色社會化次量表中的所有交互項目及三個角色素質變項置於迴歸方程式中，以探討所有可能之關係。工作方面的自我犧牲素質一致地預測通用衛生問卷中的四個指數：焦慮不安、抑鬱、社交功能不良及身體症狀。是項研究亦顯示在工作方面的勝任而沒有怨言這素質能預測抑鬱及在母職方面的傳統理想女性身分素質能預測身體症狀。本文亦會討論性別角色社會化量表的優點與缺點、中國女性的構念及對於未來有關多種角色、幸福和性別角色社會化之研究提出建議。

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# CHAPTER 1

## Introduction

What is the relationship between having multiple social roles and psychological well-being? This question has become increasingly significant for women. According to one estimate, nearly 65% of American women between the ages of 20 and 54 currently are working outside the home, and approximately 50% of all married women and 43% of married women who have preschool children are employed (Green & Russo, 1993). Because so many women are enacting roles that simultaneously demand responsibility and commitment, investigations into the relationship between multiple roles and well-being have continued to be of empirical interest to many researchers over the past three decades (Green & Russo, 1993; McBride, 1988).

Although increased formal participation of women in paid employment while maintaining their traditional roles is a global phenomenon, the extensive research into multiple roles and health that this phenomenon has precipitated has been conducted mostly in Western societies (Green & Russo, 1993). Furthermore, although this is an inherently gendered issue, there has been surprisingly little research on the influence of gender-related constructs. Therefore, this investigation proposed to examine the relationship between multiple roles and mental health among a group of employed Chinese women in Hong Kong. Although women engage in a multitude of roles, this study focused on the three key roles of paid worker, spouse, and parent. These roles are the three most frequently reported roles for women that have been identified in other studies (Barnett & Baruch, 1985; Baruch & Barnett, 1986). Also, this study examined factors influencing one particular dimension of mental health – psychological

distress. It should be noted that the more general terms of "well-being," "psychological health," and "mental health" have been used somewhat interchangeably in the research literature. We have also adopted these terms in this paper, but where possible, have tried to specify more precise meanings. Of equal importance to this study was the introduction of a gender role socialization construct into the relationship between multiple roles and psychological distress. In the remainder of this section we have highlighted issues of relevance with regard to multiple roles and gender role socialization for women and presented arguments for the need to incorporate these two bodies of research.

## Multiple Roles

### From Scarcity and Enhancement to Balance

Scarcity Theory. Two competing theories have pervaded the sociological and psychological literature on women's multiple roles. The first is scarcity theory, which postulates people must continually make compromises in order to fulfill their overly demanding role obligations and that energy expended in one role is not available for other roles (Goode, 1960). Because human energy is limited and people are faced with a wide array of role obligations, role strain – difficulty in meeting role demands – is normal. Role strain may be due to role overload (constraints imposed by time) or role conflict (discrepant expectations) or both. As the number of roles increases, so does the potential for role strain, ultimately leading to a deterioration of physical and mental health. Therefore, when the work role for women is added to their maternal and marital roles, role strain may result, which in turn may influence health status. A corollary of the scarcity hypothesis suggests that as women assume occupations of responsibility traditionally reserved

for men, they will contract the usual stress-related diseases prevalent in men (Aston & Lavery, 1993).

The scarcity hypothesis has found only limited empirical support. The Framington study (Haynes & Feinleib, 1980) followed a group of men and women aged 45 to 65 years, for eight years and observed the development of coronary heart disease (CHD). Although women's employment per se was not related to an increased risk of CHD, women who had worked outside the home and had also raised three or more children were more likely to develop CHD than housewives with the same family responsibilities. The authors suggested that combined work and family roles may place excessive demands on women, thereby increasing their risk of disease. However, as discussed later, there is much more evidence which refutes the scarcity hypothesis.

Expansion Theory. The second dominant theory in the field is the enhancement or expansion theory, which postulates that the more roles women enact, the higher their potential for rewards and resources (Marks, 1977). This energy expansion hypothesis predicts positive consequences of multiple roles because of the enhancement of such personal resources as mastery, self-esteem, identity, and social and material gains. According to this view human energy reserves expand to meet the challenges of multiple roles provided the roles are rewarding. Recent empirical evidence and theory are converging to suggest that for women as well as men, involvement in a multiplicity of roles yields a net gain of benefits over costs with respect to both physical and mental health (Barnett, Davidson, & Marshall, 1991; Barnett & Marshall, 1992; Baruch & Barnett, 1986; Waldron & Jacobs, 1989). Findings typically demonstrate an inverse relationship between the number of role identities and various indices of well-being.

Acknowledging that multiple roles may expose incumbents to additional stresses, theorists argue that alternative resources provided by multiple roles outweigh these stresses and help dampen their emotional effects (Barnett & Baruch, 1985; Baruch & Barnett, 1986).

Although the scarcity and expansion hypotheses make different predictions about the effects of women's multiple roles, both are limited in that they focus on role occupancy alone or on the number or roles occupied rather than on the quality of these role experiences (Baruch & Barnett, 1986, Meleis, Norbeck, & Laffrey, 1989; Stephens, Franks, & Townsend, 1994). Scarcity theory, for example, focuses on incremental costs of increased role commitments but neglects to consider the benefits to be gleaned from increasing responsibilities. The expansion hypothesis assumes a net gain of benefits over costs regardless of which roles a person occupies. It may be, however, that the particular roles occupied, and the quality of experience in each role affect level of well-being more than the mere number of roles. The privileges and obligations, the rewards and concerns, and the cost/benefit balance for a woman who occupies the two roles of wife and mother may differ from those for a woman who occupies the two roles of wife and paid worker. Moreover, two women may occupy similar roles yet experience the quality of each role differently.

Role Quality. The quality of role experiences refers to the relative amounts of rewards and costs experienced within a given role (Baruch & Barnett, 1986). Barnett and colleagues (e.g., Barnett & Baruch, 1985; Barnett & Marshall, 1992; Barnett et al., 1991; Barnett, Marshall, & Singer, 1992; Baruch & Barnett, 1986) recognized that the number of roles women have does not successfully predict their well-being and carried out a series of studies investigating the effects

of quality of the experience in each of their roles on psychological health. Quality was measured by balancing the positive or rewarding experiences (rewards) against the negative and distressing experiences (concerns). According to this view, the effects of role involvement on women's health are best understood when the specific roles and role combinations held, the objective and subjectively experienced characteristics of each role, and possible differences in the effects of a given role for women who differ in attitudes, socioeconomic status, or other characteristics are taken into account. Indeed, Baruch and Barnett (1986) found that among Caucasian women in the U.S., the qualitative rather than the quantitative aspects of women's experiences in their social roles were the best predictors of well-being (conceptualized as high self-esteem and pleasure and low depressive symptoms in this study). This was true of the paid worker and wife roles, however, the balance score for the role of mother did not predict pleasure. After controlling for income, only the role occupancy variable of being a paid worker was related to increased self-esteem.

These findings were replicated among 87 female clerical workers in the U.S. (Meleis et al., 1989). Total number of roles (marital, spousal, paid worker) did not predict either perceived health status or psychological symptoms, thus refuting the scarcity hypothesis. However, role integration (average balance of satisfactions and stresses within and between the three key roles) explained 17% of the variance in perceived health and 24% of the variance in psychological symptoms, indicating that the more positive the role integration the better one's perceived health and the fewer one's symptoms. One shortcoming of this study is that the researchers only reported the overall effect of the three roles and not each role's independent contribution to the dependent variables. It is possible, for

example, that the balance of one role could be more important for perceived health and psychological symptoms than another role.

In a sample of 403 nurses and social workers Barnett and Marshall (1992) found that employed mothers were at no greater risk of psychological distress than employed women who were not mothers. As expected, the quality of an employed mother's job had a direct effect on psychological distress, independent of the quality of her relationship with her children and having a positive relationship with her children was associated with low levels of distress, independent of the quality of her work role.

The relative importance of role rewards and stressors in predicting indices of well-being were examined in a sample of women who were simultaneously occupying the roles of caregiver to an impaired parent or parent-in-law, mother, and wife (Stephens et al., 1994). For three of the four well-being measures examined (physical health, positive affect, and negative affect), rewards experienced in at least one role accounted for a significant portion of variance beyond that accounted for by role stress. These researchers suggested that the unique contribution of stress and rewards to well-being underscores the importance of considering both the troublesome and gratifying aspects of role experiences in examining women's physical and mental health.

Therefore, it seems that role quality is more important than role occupancy in predicting health and well-being among women, although employment per se may have positive mental health effects. Thoits (1987) argues that the proposition that multiple role occupancy is harmful to women relies on an oversocialized, deterministic view of human beings, and fails to recognize that women are active agents who can construct their own realities and who may choose not to conform

to role expectations. Moreover, it is necessary to look at specific role combinations and to know whether or not each role is perceived as stressful. As suggested by the studies reviewed above, the balance of a particular role could affect different indices of mental health and well-being.

Moderators and Mediators

It is important to note that the associations among health outcomes and multiple roles in women do not occur in a vacuum but that, in fact, many social and psychological factors moderate and mediate this complicated relationship. The assumption that women are active agents implies that personality characteristics and other psychological variables should affect number, type, and quality of roles on well-being. There is some evidence that women's gender roles and beliefs may influence their health (Woods, 1985). Similarly, women's perceptions of which roles they should play influences the roles they choose to enact, the balance achieved among their roles, and their well-being.

Thornton and Leo (1992) looked at the interaction of women's endorsement of the "superwoman" ideal and gender typing in relation to depression, anxiety, and substance abuse. This ideal is typified by a heightened sense of concern with interpersonal roles and relationships and a striving to maintain high levels of independent achievement and successful performance across many diverse roles. Linville's (1985) Sex-Roles Inventory (SRI) was used to assess adherence to the superwoman ideal. This measure consists of various roles or domains of concern (e.g., daughter, friend to men and women, romantic partner, and physical appearance) that may be considered central to identity or sense of self. Each role is rated on the importance to their sense of who they are, and the greater the number of roles deemed of extreme importance, the greater the

adherence to the superwoman ideal. These authors found that only gender typing had an effect on anxiety and depression, with feminine gender typed and undifferentiated women reporting more symptoms than masculine gender typed and androgynous women. With respect to substance abuse, there was a significant interaction effect of gender typing with the superwoman ideal. Specifically, it was gender typed superwomen, both masculine and feminine, who reported greater substance abuse. Based on these findings, Thornton and Leo suggested that there may be benefits associated with androgyny and that there may be potential protection in the absence of gender typing with regard to health-related behaviors. Similarly, Woods (1985) found that women who had a maternal role and held the most traditional sex role beliefs manifested the highest psychological symptoms regardless of whether or not they held a work role outside the home.

Other research findings are mixed with regard to the relative health benefits of gender role beliefs. Parry (1987) reported that sex role beliefs in a sample of working-class mothers in the UK were not associated with employment status, psychological distress, homemaker role satisfaction, job satisfaction, or dual-role conflict. There was, however, clear support for the hypothesis that sex role beliefs can influence the association of paid employment with mothers' well-being, but only for anxiety. That is, employed mothers with liberal attitudes and non-employed mothers with traditional attitudes were the least anxious.

Still other research suggests that gender role orientation is not related to health. Meleis and her colleagues (1989) found that having a feminist sex role orientation was not associated with better perceived health, nor was a traditional sex role orientation associated with a greater number of psychological distress symptoms. Thus, whether women were feminists or traditionalists did not make a

difference in how they handled the multiplicity of roles or in their perceived health or psychological symptoms.

These studies illustrate the lack of consensus regarding the influence of gender-related constructs on the health of women occupying multiple roles, and underscore the need for further research on gender issues. However, it seems that key gender issues have yet to be addressed among women occupying multiple life roles. While conceptualizations of feminist or traditional gender role orientation may provide some insight into the types of women experiencing psychological and physical symptoms from role experiences, they do not identify the particular gender issues that are of concern. Categorizing women as feminists and traditionalists overlooks women who may have incorporated aspects of both feminist and traditional beliefs into their value system. Moreover, rating the importance of certain roles or domains provides only a crude assessment of relevant issues and says nothing of the particular nuances within each role nor of the inherent overlap between roles. The actual experiences and beliefs of women in modern society are prone to much more ambiguity than what has been suggested by the available literature on multiple roles.

Identifying the Ambiguity

A 1990 survey of a randomly selected sample of Hong Kong residents were asked the question: "Could you accept women working long hours for their careers?" While the proportion of respondents that could accept women working long hours was about the same as those that could not, more than 40% of the men answered "it depends" and more than one third of the women expressed the same ambivalence (Wong, 1995). However, when asked if women should put family before everything else and give up work if necessary, there was little uncertainty.

A clear majority of men and women disagreed. The same survey also asked if they agreed with the idea that husbands are masters of the household and wives should submit to their authority. Slightly more men agreed than disagreed, while the reverse was true for women. But regardless of sex, age, or education, the ambivalence of the respondents was evident and marked. In all cases, the answer "it depends" ranged from one quarter to more than one third. The ambivalence or uncertainty in the responses suggests problems of dilemma and indecision faced by Hong Kong people.

The expansion of economic opportunity and a more liberal social climate did provide an impetus for women's relief from household obligation and facilitate widened participation in the labor force (Ng, 1995). However, even in a free-for-all system like Hong Kong, obstacles to women's economic participation can still be rampant. Ng suggests that there is an "ideological reversal" occurring in Hong Kong, seeking a new level of identification of women and "their rightful place in the family" (p. 85). Evidence pointing to the emergence and spread of this modern domestic ideology can be seen in the preference for nuclear families of the younger generation and in the rise of a child-centered mentality in the modern family ideal as reflected in the blossoming of clothes, toys, and educational packages for children. It is also reaffirmed by a series of policies that over time shift their concern from addressing children as weak subjects to be protected to seeing them as assets to be cultivated. In this child-centered world, women are portrayed in advertisements, films, and on television as contented moral guardians in the modern home. The "husband-as-breadwinner and wife-as-dependent model" of the modern nuclear family is also explicitly codified as the normative basis of social policies in Hong Kong (Ng, 1995). Therefore, ascertaining the actual mix

and the contradiction in ideal and experience for women is an important area for study.

The experiences of women occupying senior positions in modern industrial Hong Kong demonstrates the ambivalence with which women confront changing gender roles. In his interviews with 35 Hong Kong female executives, Cashmore (cited in Leung, 1995 and Westwood, 1997) found that these women had grown up in an environment with at least traces of a mentality supporting male dominance. On the job, respondents reported that they could not bargain with men on equal terms, which forced them to play and reconcile contradictory roles. On the one hand, they had to prove themselves worthy of the position of authority; on the other, to make life easy for themselves, they were obliged to live up to men's expectations that women are soft, gentle, and vulnerable. To resolve the dilemma, some chose to reject the stereotype and insisted on behaving "like a man" as one woman put it. Many, however, chose to rely on feminine charm, even if they recognized that it simply reconfirmed male-held stereotypes.

Many of these women executives in Cashmore's (cited in Leung, 1995 and Westwood, 1997) study found their careers conflicting with family roles. A surprising number were accepting of the traditional female domestic role. Some asserted that in the end their family responsibilities were more of a concern to them than their careers. Many had experienced stress and difficulties in fulfilling their multiple roles. Moreover, these women both recognized and contributed to the patriarchal dampening of career opportunities for women. Most of Cashmore's respondents expressed a preference for appointing men rather than women to positions of power and heavy responsibility for fear that marriage and children would change women's career ambitions. These findings clearly illustrate that the

traditional conceptions of women as mother and homemaker have not been obliterated in Hong Kong. Furthermore, the ambivalent nature of female experience and ideology in Hong Kong is also evident. Women's daily lives are full of conflicting currents and possibilities. Most women's views of themselves and society are mixed and contradictory. Therefore, an analysis of women's current gender role socialization experiences with regard to multiple roles is necessary.

According to Ng (1995), gender role theory, which postulates the tenacity of culture and the inertia of past socialization practices, is inadequate at answering these questions about contradictory trends. What is needed, he suggests, is a systematic explanation that can grasp the significance of these contradictory processes, take note of the advances that women have genuinely made, and still offer an explanation for the persistence and regeneration of gender inequalities. Moreover, Cheung, Lai, Au, and Ngai (1997) contend that reliance on Confucian classics and folklore often confuses the ideal with reality. These prescriptions may often be stereotypic expectations which may not be followed across all social sectors. To what extent these expectations are incorporated into the cultural heritage of modern Chinese women has not been demonstrated.

## Gender Role Socialization

### Changing Gender Roles

One important dimension that has not been examined by researchers is that of gender role socialization. Based on social learning theory, the concept of gender role socialization refers to the learning of gender-related behaviors through observation, imitation, and reinforcement (Lips, 1993). While theorists have postulated links between gender role socialization and various mental health

problems (Helson & Picano, 1990), few empirical investigations have actually examined the influence of gender role socialization on the health and well-being of either women or men. Although there is a notable lack of empirical evidence about gender role socialization in women's lives, there is widespread support for the idea that gender role socialization is related to concerns facing female adolescents (Pipher, 1994), depression (Greenspan, 1983), eating disorders (Surrey, 1991), and relationship problems (Goodrich, Rampage, Ellman, & Halstead, 1988).

Gender roles constitute an integral part of identity and define the social behavior of women and men in society (Cheung et al., 1997). Socialization of gender roles begins early in life and role differentiation is maintained through prescriptions of cultural heritage, social norms, attitudes, and beliefs. Gender roles are based on sex stereotypes which are socially shared beliefs that biological sex determines certain qualities. For example, masculinity has been thought of as being instrumental and competency oriented, including such traits as independence, rationality, competitiveness, and objectivity (Lips, 1993). Femininity, on the other hand, has been thought of as being expressive and relationship oriented, including such traits as dependence, intuition, submissiveness, and emotionality. According to Lips, the content of socially accepted gender roles changes over time and roles that may have been acceptable at an earlier point in one's life may not be socially desirable at a later point. For instance, in the 1970s many women felt compelled to develop and value high levels of masculine gender traits to enter and succeed in fields formerly dominated by men, but more recently, women's and men's attitudes towards feminine gender attributes appear to be more positive (Eagly & Mladinic, 1989).

Other research suggests that a consensus has not been reached regarding the valuation of feminine sex-typed behaviors and characteristics. Grimmel and Stern (1992) found that when asked to rate the ideal person, both women and men described someone who was more masculine than themselves, and neither sex had an ideal that was significantly more feminine than themselves. Particularly troubling was the fact that although women rated themselves as significantly more feminine than masculine, their ideal person was just the reverse.

Toner and her colleagues (1998) propose that there is a contradiction within the modern role for women. Women are expected to possess many diverse traits and behaviors, such as being both competitive and nurturant, compliant and assertive, and to appear in control without any signs of vulnerability, while still demonstrating the traditionally feminine trait of emotionality (Bepko & Krestan, 1990).

There is research to suggest that modern societal messages encourage greater focus on incorporating both male and female gender roles in women's repertoire. In their study of 3000 American university students, Street, Kimmel, and Kromrey (1995) found that women's preferences for an ideal woman and man comprised both a masculine (Intellect) and feminine (Compassion) factor. Men in this study also chose an androgynous ideal woman, but preferred an ideal man whose outstanding traits were in the more masculine Intellect factor. These findings were replicated in another study with university faculty (Street, Kromrey, & Kimmel, 1995). Male and female faculty members held a masculine ideal for men but an androgynous ideal for women. These studies suggest that the ideal characterization of men is still masculine, but the ideal characterization of women is now androgyny.

## A New Synthesis

The present study was an investigation of gender role socialization in relation to women's multiple roles and psychological distress in Hong Kong. As we have reviewed, the majority of research evidence suggests that role quality is more important to health and well-being than role quantity. However, the extent to which this relationship holds for Chinese women in Hong Kong is not known. In a related study of work and family roles among Chinese living in urban Shanghai, Lai (1995) found that for women, both work and family roles were linked to mental health status whereas men's health status was associated more with stress in the work than family role. The results of this study suggest that women's health may be affected by many sources, but does not answer the question of whether it is the quantity or the quality of women's roles that contributes to distress. Moreover, as theorists and ensuing surveys have demonstrated in Hong Kong, societal opinions towards women's participation in multiple roles are often ambiguous and conflicting. Therefore, it is plausible that the degree to which women have internalized societal gender role messages for women may impact not only well-being, but also the relationship between well-being and multiple roles.

As mentioned previously, the discrepancy between theory and research has resulted in little empirical investigation of gender role socialization. In the absence of a validated instrument, candidate items designed to measure the construct of female gender role socialization were "borrowed" from researchers in the West to assess its relevance to multiple roles and psychological distress. Toner et al., (1998) have proposed the development of a gender role socialization scale to address the internalization of prescribed gender role messages for women that may affect well-being. These researchers suggest that female gender role socialization

may be conceptualized as an enduring social construct in which women's lives can be contextualized. Currently, there are a number of mental health concerns that are more prevalent in women than men, including eating disorders, somatoform disorders, and most phobias. Therefore, according to Toner et al., it is imperative that research be undertaken to examine the various factors that may account for these differences between women and men. One such factor that warrants study is gender role socialization and its impact on the lives of women.

To this end, two studies were conducted. First, the candidate scale was administered to a sample of female university students to assess its validity and psychometric properties for use among Hong Kong Chinese women. In the second study, the degree to which gender role socialization affects multiple roles and psychological distress was investigated in a sample of working women in Hong Kong.

# CHAPTER 2

## Study 1

### Purpose

Study 1 aimed to determine a preliminary factor structure for the candidate items designed to measure the construct of gender role socialization. Exploratory factor analyses were performed on the gender role socialization items in a convenience sample of female Chinese university students. After establishing the internal consistency of this scale, external validity was sought through relationships with related gender-typed constructs.

### Method

#### Participants and Procedures

The set of questionnaires was administered to 128 female undergraduate and graduate students currently attending The Chinese University of Hong Kong during the spring of 1998. There were 83 introductory psychology students who completed the questionnaires in large groups for course credit, and 45 students who were recruited from second and third year courses in the Department of Psychology. In the latter subset there were 4 graduate students. These 45 students completed the questionnaires on their own time. Age of the entire sample ranged from 18 to 28 years, with a mean of 20.16 (SD = 1.48). Eighty-eight percent indicated they were born in Hong Kong, 12% in Mainland China, and one participant was born in Taiwan. Number of years lived in Hong Kong ranged from 6 to 28, with a mean of 19.25 (SD = 3.12). Four participants were married, and the rest single. Owing to missing data, the number of respondents varied for the different types of analyses performed.

Measures

Item development of Gender Role Socialization Scale. Candidate items for the Gender Role Socialization (GRS) scale for women were generated from a variety of sources by a Canadian research team in the Women's Mental Health Research Programme in a large teaching hospital (Toner et al., 1998). These sources included a large sample of women from the general population, a sample of women who were receiving individual psychotherapy, and a review of relevant literature which specifically addressed gender-related issues female clients bring to therapy. Several themes within the construct of gender role socialization were identified and these domains were used as guides in constructing items. Some examples of these themes and corresponding candidate items include: women's experience of the conflicting demands of career and family ("I am torn between trying to reach my own goals and taking care of others"), self-blame ("I have only myself to blame for my problems"), and the value placed on physical attractiveness ("I can't feel confident unless I feel attractive"). Sixty-two items were developed asking participants to rate the extent of agreement to each statement. Items were rated on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). The scale was back-translated from English to Chinese in Hong Kong. See Appendix A for the candidate items of the original English version of the GRS scale.

Gender Role Stress. To distinguish the GRS scale from the concept of gender role stress – the cognitive appraisal that one is not living up to the standards of one's stereotypical gender – respondents' scores on the GRS scale were compared to those on the Masculine Gender Role Stress (MGRS; Eilser & Skidmore, 1987) and the Feminine Gender Roles Stress (FGRS; Gillespie & Eilser,

1992) scales. The MGRS and FGRS scales are based on the notion that certain events affect men and women differently. These two scales have been adopted for use in Hong Kong Chinese samples of university students (Tang & Lau, 1995) and human service professionals (Tang & Lau, 1996) and have demonstrated good internal consistency and expected relationships with health adjustment, burnout, and gender role orientation.

Gender role stress was expected to correlate with gender role socialization to the extent that both constructs involve culturally prescribed gender role messages. However, the MGRS and FGRS scales measure stress resulting from gender-based schemata of specific situations whereas the GRS scale is intended to measure the degree of internalization of the complexities and contradictions within modern gender roles for women. In the present study, both the 40-item MGRS and the 39-item FGRS scales were administered to all participants. Each item was rated on a 6-point Likert scale, ranging from 0 (not stressful) to 6 (extremely stressful). Examples of items on the MGRS scale are: "Being married to someone who makes more money than you," "Admitting that you are afraid of something," and "Staying home during the day with a sick child." Examples of items on the FGRS scale are: "Having others believe that you are emotionally cold," "Negotiating the price of car repairs," and "Finding that you have gained 10 pounds." Coefficient alpha was 0.85 for the MGRS scale and 0.89 for the FGRS scale. Each participant received a MGRS and a FGRS score, derived by averaging the appropriate items.

Gender Role Orientation. Gender role socialization was also expected to be distinct from self-reported possession of socially desirable, stereotypical masculine and feminine personality traits. Modeled after Bem's (1974) Sex Role Inventory,

the Li Sex Trait Inventory (LSTI; Li, 1981) is an indigenous measurement for Chinese. The inventory consists of a 20-item Feminine (F) scale of expressive characteristics, a 20-item Masculine (M) scale of instrumental characteristics, and 20 gender-neutral items which can be used as a measure of social desirability. Coefficient alpha in this study for the F, M, and social desirability scales were 0.88, 0.80, and 0.57, respectively. Due to poor internal consistency of the social desirability scale, only the F and M scales were used in analyses with the GRS scale. Participants rated all items on a 7-point Likert scale from 1 (not appropriate at all) to 7 (very appropriate). Mean F and M scores were calculated for all participants by summing the responses on each scale and dividing by 20.

## Results

### Exploratory Factor Analyses

Individual item distributions from both the sample of university students ($n$ = 128) and the sample of working women ($n$ = 245) in Study 2 were analyzed for skewness and unbalanced distributions. In scale development, highly unbalanced items are considered undesirable because when most participants answer similarly, items convey little information (Clark & Watson, 1995). These items are also likely to correlate weakly with each other and thus fare poorly in subsequent structural analyses. Thus, items in which responses were highly skewed for both samples were eliminated from the scale, but only after determining that important construct-relevant information would not be lost (Clark & Watson, 1995). Item distributions from both the data on university students and working women were considered because it is important to examine data from diverse samples before excluding an item (Clark & Watson, 1995). On the basis on these criteria, 21 items were dropped from the scale, leaving a remaining pool of 41 items for structural analysis.

The correlation matrix of the 41 gender role socialization items for the sample of university students was subjected to principal components analysis (PCA) with both orthogonal and oblique rotations. Examination of the scree plot suggested three components. All factor solutions between two and five components were generated. The three-component solution obtained with varimax rotation, accounting for 31% of the variance of gender role socialization ratings, was selected as the most interpretable. Items with a rotated loading greater than 0.40 were incorporated within an index. Table 1 shows the items comprising each index, the label given to each index, and the rotated loadings. The first index accounted for 11% of the variance and was termed "Traditional Ideal Womanhood" because the items reflect traditional prescriptive feminine beliefs about physical attractiveness, interpersonal relationships, and giving to others. The second index, "Self-sacrificing", also accounted for 11% of the variance. Items convey a sense of self-neglect and selflessness towards others. The third index was labelled "Competent without Complaint" and accounted for 9% of the variance. This component asks women about "doing it all" without asking for or needing help from others. Coefficient alpha was 0.85 for the 29-item composite scale, herein referred to as the Gender Role Socialization (GRS) composite, 0.80 for the 13-item Traditional Ideal Womanhood subscale, 0.78 for the 8-item Self-sacrificing subscale, and 0.73 for the 8-item Competent without Complaint subscale. The scores of the GRS composite and the three subscales were derived by averaging the scores across items identified by the factor-analytic results.

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Insert Table 1 about here

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Mean GRS composite and subscale scores are presented in Table 2. The highest score was the Competent without Complaint subscale ($M = 4.10$) and the lowest score was the Self-sacrificing subscale ($M = 3.10$). Subscale intercorrelations and the correlation of each subscale with the composite GRS are presented in Table 3. All of the subscales were moderately correlated with each other and highly correlated with the GRS composite.

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Insert Tables 2 and 3 about here

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Relationship to Other Constructs

The GRS scale was compared to some gender-related constructs. Masculine and feminine gender role stress and masculine and feminine gender role orientation were compared to the GRS composite and subscales. The means of the scores on the feminine and masculine gender role stress and feminine and masculine gender role orientation are shown in Table 2. Consistent with previous research (see Tang & Lau, 1995, 1996) women scored higher on feminine gender role stress ($M = 3.37$, $SD = 0.48$) than masculine gender role stress ($M = 2.60$, $SD = 0.47$), $t\ (126) = 23.58$, $p < .001$. Women also scored higher on feminine gender role orientation ($M = 4.45$, $SD = 0.58$) than masculine gender role orientation ($M = 3.92$, $SD = 0.79$), $t\ (123) = 6.09$, $p < .001$.

Table 3 shows the correlations of the composite GRS and the three subscales with the feminine and masculine gender role stress and the feminine and masculine gender role orientation scores of the LSTI scales for university women. With regard to stress, feminine gender role stress was only correlated with the Traditional Ideal Womanhood subscale. Masculine gender role stress was positively correlated with

all the GRS subscales, most notably the Traditional Ideal Womanhood subscale. As expected, feminine and masculine gender role orientation was largely unrelated to gender role socialization. However, there were two exceptions to this pattern. Masculinity correlated positively with the Competent without Complaint subscale and negatively with the Traditional Ideal Womanhood subscale.

## Discussion

Exploratory factor analyses based on female university students suggested a three-factor model for the GRS scale. These factors were labelled Traditional Ideal Womanhood, Self-sacrificing, and Competent without Complaint. Alphas were in an acceptable range of 0.73 to 0.80. Intercorrelations of the subscales and composite GRS with gender role stress and gender role orientation provided evidence that the concept of gender role socialization is related to but does not overlap with other gender-related measures. With few exceptions, masculine and feminine gender role orientation were unrelated to gender role socialization. Masculine gender role stress correlated moderately with all indices of gender role socialization, whereas feminine gender role stress correlated with Traditional Ideal Womanhood only. In particular, it seemed that the concept of handling many responsibilities while staying in control (Competent without Complaint subscale) was related to male but not female stressors and a male but not female orientation for university women. Feelings of self-sacrifice or being very giving to others (Self-sacrificing subscale) also appeared to be more of a masculine than feminine stress. The Traditional Ideal Womanhood subscale was related to both masculine and feminine gender role stress. This subscale also correlated negatively with a masculine gender role orientation. Therefore, it seems that the GRS subscales do not adhere to a straightforward gender pattern. This is likely a reflection of the masculine and feminine components of the

GRS scale and more generally the female gender role socialization construct from which this scale was derived. The modern notion of gender role socialization is that traditional indices of masculine and feminine ideologies are now incorporated within one ideology for women. The results of this study suggest that gender role socialization is a valid concept for use among Hong Kong Chinese women.

# CHAPTER 3

## Study 2

### Purpose

The goal of Study 2 was to explore how gender role socialization relates to women's experiences in their life roles. Specifically, the influence of gender role socialization on the relationship between multiple roles and psychological distress among working women in Hong Kong was investigated. As discussed in the Introduction, the literature has consistently shown that role quality is a better predictor of health and well-being than the mere number of roles (e.g., Barnett & Baruch, 1985; Baruch & Barnett, 1986; Meleis et al., 1989). Moreover, various attitudes and situational variables seem to moderate or mediate the strength of this finding. However, the concept of gender role socialization, as defined by Toner et al. (1998), has not been systematically investigated. Study 1 identified a preliminary factor structure for the GRS scale among female university students. This factor structure and the overall fit of the GRS scale to a second sample of women was assessed first.

With regard to multiple roles, an investigation into possible moderators of psychological distress will enrich our understanding of women's life experiences. It is plausible that the degree to which a woman has internalized certain gender role messages will affect not only her health but also the way in which she experiences the key roles – that of paid worker, wife, and mother – in her life. Theorists have linked the expression of mental health problems such as depression, relationship concerns, and negative psychological health, to gender roles and gender role socialization (Goodrich et al., 1988; Greenspan, 1983; Helson & Picano, 1990). Therefore, we hypothesized that the greater the extent to which women have

internalized gender role socialization messages, the greater the psychological distress. Also consistent with previous research, we expected that role quality would be a better indicator of psychological distress than role quantity.

## Method

### Procedures

Participants were recruited through three different channels: the Hong Kong Social Workers' Union (SWU), the Hong Kong Nurses' Association (HKNA), and three small- to medium-sized local business firms. Representatives from the SWU and the HKNA were contacted about the study and asked for access to their respective members. Questionnaires were sent to the female members of the SWU and the HKNA. A covering letter explained the nature of the study as an investigation into women's health and their experiences in different life roles. Respondents were asked to return the completed questionnaire in the postage-paid return envelope that was supplied. Although their anonymity was guaranteed, participants interested in receiving a summary of the results were asked to provide their name and mailing address. This information was then separated from the completed questionnaire. For the three business firms, questionnaires were hand-delivered to representatives at each company. Respondents were asked to return the questionnaires in the same manner as the nurses and social workers.

Five hundred questionnaires were mailed to female workers of the SWU, 300 to the female members of the HKNA, and 90 were delivered to women from three local business firms. A total of 890 questionnaires were distributed to women and 245 were completed and returned for a response rate of 28%. This figure is low relative to response rates derived from similar sampling methods in North America,

but a low response rate in the area of 30% is comparable to Tang and Cheung's (1997) study.

Participants

Data from 20 women were excluded from analyses. Among them, ten indicated they were not currently employed, five were students, two returned questionnaires containing unusable or incomplete data, and three indicated they were divorced, working mothers. This category was not large enough to be used in analyses comparing roles. The fourth divorced woman in the sample did not have children and was treated as a single worker. One woman, who indicated she was in a common-law relationship, did not complete the information for spousal rewards and concerns and thus was also treated as a single worker in this study. The final sample for study 2 was 225 women: 53% (n = 119) single workers, 19% (n = 42) married workers, and 28% (n = 64) married and working mothers. Eighty-nine percent (n = 201) of the sample were born in Hong Kong, 8% (n = 17) in Mainland China, 1% (n = 3) reported they were born elsewhere, and 2% (n = 4) did not indicate where they were born.

A summary of the demographic characteristics for women occupying the three role combinations is presented in Table 4. The women ranged from 21 to 55 years of age, with a mean of 32.30 (SD = 7.56). The more roles a woman occupied the older she was. On average, the women had worked for a total of 10.14 years (SD = 6.91) and an average of 8.83 years (SD = 6.96) at the job they held at the time of the survey, with married mothers having worked the longest. The weekly number of hours of paid work averaged 47.41 (SD = 10.12) for the entire sample. Single women tended to work the most number of hours and married and working mothers the least. The mean number of years married was 8.94 (SD = 6.26); women with

children had been married for a longer period of time than women without children. The mothers in the sample had on average 1.59 (SD = 0.79) children currently living with them. An overwhelming majority (62%) had hired help taking care of their children while they were at work. For fifteen percent of the mothers, grandparents cared for children during the workday while the rest had other arrangements for childcare. Occupation types were fairly evenly distributed across the three groups. Approximately half of the women were social workers, about one third were nurses, and the remainder were administrative assistants or employed in another organizational capacity. This was a highly educated group of women, with over 50% having graduated from university or postgraduate studies. This was also a middle-class sample. There was a general trend for women occupying more roles to have a higher individual income as well as a higher household income. Slightly more than half of the single workers reported that they held the status of sole family provider, while the remainder indicated that parents, siblings, or other family members contributed. Most of the married workers and married workers with children indicated that they and their spouses contributed about equally in terms of income. None of the women in these two groups reported financial contribution from "others."

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Insert Table 4 about here

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Measures

Gender Role Socialization Scale. This 29-item measure was administered to the sample of working women to test its internal consistency and factor structure as well as its relationship to multiple roles and psychological distress (see Study 1).

General Health Questionnaire (GHQ; Goldberg, 1978; Goldberg & Hillier, 1979). This 28-item scale was used as the dependent measure of general psychological distress. The GHQ has been adapted and translated for use in Chinese populations, demonstrating high internal consistencies (Chan, 1985; Shek, 1989). Respondents rated each item on a 4-point scale, with a high score representing a high level of distress. Four subscales can be computed from the GHQ as different indicators of psychological distress. In the present study, the internal consistency of the 7-item Somatic Symptoms subscale was 0.83; $\alpha = 0.84$ for the 7-item Anxiety subscale; $\alpha = 0.87$ for the 7-item Depression subscale; and $\alpha = 0.59$ for the 7-item Social Dysfunction subscale. A mean score across items of each subscale was calculated for each respondent.

Role quality. This was assessed with Baruch and Barnett's (1986) measure of rewards and concerns for the paid working, wife, and mother roles. Additional items were added to the original measure for comprehensiveness (see Appendix B for the full reward and concern scales). Respondents were asked to indicate on a 4-point scale to what extent, if at all, each of the items was rewarding or distressing (1 = not at all and 4 = very much). For example, for the role of wife, each married respondent was asked how rewarding she found her relationship with her husband's family and how much of a concern her husband's unfaithfulness was. In the present study coefficient alpha was 0.89 for work rewards, 0.90 for work concerns, 0.94 for wife rewards, 0.94 for wife concerns, 0.89 for mother rewards, and 0.91 for mother concerns. Role reward and role concern scores, representing the average amount of rewards and concerns experienced in each role, were calculated by summing the ratings across items and dividing by the number of items. Each respondent received three scores per role: a mean reward score, a mean concern score, and a balance

score which was calculated as the difference between the mean reward score and the mean concern score. Higher balance scores indicate higher role quality.

Analysis Plan

Confirmatory factor analyses (CFA) tested the factor structure of a three-factor model of gender role socialization against a one-factor model. These two models were chosen for comparison in order to determine the dimensionality of the GRS scale. Before conducting CFA, three parcels were formed for each subscale of the GRS scale. The use of parcels versus items can reduce the number of items in scales, and each parcel has greater communality, thus increasing the possibility of achieving the true simple structure (Cattell & Burdsal, 1975). For the three-factor model, a single factor solution was fitted to the items within the Traditional Ideal Womanhood, Self-sacrificing, and Competent without Complaint subscales separately. For the one-factor model, a single factor solution was fitted to all the items from the GRS scale. Then the items with the highest and lowest loadings were aggregated to form the first parcel. Items with the next highest and lowest loadings were assigned to form the second parcel, repeating the same procedures until all items were aggregated to one of the three parcels. Scores for each parcel were computed as the mean of the scores on the appropriate items. This procedure was carried out on both GRS models.

Multivariate analyses of variance (MANOVA) examined differences among women in the three roles on the measures of gender role socialization and psychological distress. Then the three groups of women were compared on measures used to evaluate role concerns and role rewards. The next section reports correlations of the four indices of psychological distress – anxiety, depression, social

dysfunction, somatic symptoms – with the three GRS subscales and role rewards and concerns.

The final section presents hierarchical multiple regression analyses that tested our main research question. The four outcome variables of anxiety, depression, social dysfunction, and somatic symptoms were each regressed on the same set of predictor variables. At Step 1, the four demographic factors, age, education, work hours, and household income were entered as control variables. The role occupancy variables of wife and mother were entered at Step 2, while Step 3 introduced the three role quality variables. If the variables in Step 3 were significant, this would indicate that role quality predicts distress better than role quantity. At Step 4, the three GRS subscales were considered to examine the influence of gender role socialization on distress after accounting for role quality. Step 5 sought to identify significant interaction effects between role quality variables and gender role socialization variables. This final stage was included in order to examine the impact of gender role socialization as a moderator on the relationship between role quality and psychological distress. Significant standardized regression coefficients ($\beta$) are indicative of main effects of gender role socialization. Moderating effects are indicated by interaction terms that add a significant amount of variance to a model past the main effects (Baron & Kenny, 1986). In order to reduce the potential for multicollinearity between the interaction term and the component parts of this term, centered scores for the three GRS subscales and the three role quality variables were used in these analyses (Cohen & Cohen, 1983). At this stage, nine interaction terms were tested. These were: Traditional Ideal Womanhood X Work quality, Self-sacrificing X Work quality, Competent without Complaint X Work quality, Traditional Ideal Womanhood X Wife quality, Self-

sacrificing X Wife quality, Competent without Complaint X Wife quality, Traditional Ideal Womanhood X Mother quality, Self-sacrificing X Mother quality, and Competent without Complaint X Mother quality. In order to examine the full range of relationships between psychological distress, multiple roles, and gender role socialization, all interaction terms were entered, regardless of whether the main effects were significant.

## Results

### Confirmatory Factor Analyses

Using the EQS program (Bentler, 1989), maximum likelihood confirmatory factor analysis (CFA) was undertaken to compare the three-factor model of gender role socialization, identified with exploratory factor analysis, with a one-factor model and to assess the overall fit of the three-factor model. The correlation between factors was freely estimated in the three-factor model. The results, reported in Table 5, showed a better fit for the three-factor model, $\chi^2$ (24) = 62.57, AGFI = 0.88, NNFI = 0.94, than the one-factor model, $\chi^2$ (2) = 44.55, AGFI = 0.63, NNFI = 0.86. Typically, the chi-square statistic is used as an index of goodness-of-fit; it is associated with a test of the null hypothesis of no difference between the correlation matrix implied by the model and the sample correlation matrix (Marsh, Balla, & McDonald, 1988). The aim is to fail to reject the null hypothesis. However, the power of the chi-square test increases sharply with sample size, enabling trivial differences between the matrices to appear important. Therefore, the magnitude of the chi-square statistic relative to the degrees of freedom is a better estimate of overall fit (Marsh et al., 1988). For the three-factor model in this study the $\chi^2$ / df value was 2.61, which falls within a range of acceptable values (2 to 5 as suggested by Wheaton, Muthen, Alwin, & Summers, 1977) but does not reach the less-than-2

level proposed by Marsh et al., 1988). Coefficient alpha was 0.91 for the GRS composite, 0.83 for the Traditional Ideal Womanhood, 0.79 for the Self-sacrificing, and 0.78 for the Competent without Complaint subscales.

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Insert Table 5 about here

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Differences between the Three Role Combinations

Sample means for the GRS composite, Traditional Ideal Womanhood, Self-sacrificing, and Competent without Complaint subscales are presented in Table 6. A MANOVA was performed on the three subscales of the GRS to examine group means for women occupying the three role combinations (i.e., paid worker only, paid worker and wife, paid worker, wife, and mother). There was a significant effect for roles $F$ (8, 438) = 2.52, $p < .05$, but the between-subjects effects were not significant (all $p$s > .05).

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Insert Table 6 about here

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A second MANOVA estimated the main effects of the role occupancy variables of single worker, married worker, and married working mother, on the four indices of psychological distress. None of the main effects were significant. The means for anxiety, depression, social dysfunction, and somatic symptoms are shown in Table 6. The highest indicator of distress was social dysfunction and the lowest was depression.

The three groups of women also did not differ in their ratings of work concerns and work rewards (see Table 6). The most rewarding aspects of the job reported by the women were "Good income," "Being able to work on my own," and

"Job security." The most distressing aspects were "Having too much to do," "Unnecessary busy work," and "Job too draining." The mean balance score, the work role quality score, for the sample was 1.11 (SD = 0.78).

For the married women, those with children did not differ from those without children on their ratings of concerns and rewards of the wife role. The most rewarding aspects of the wife role were "Husband backing me up," "Husband being a good father", and "Husband easy to get along with." The most distressing aspects were "Husband's job/career problems," "Husband being unavailable," and "Not getting enough emotional support." Table 6 shows the mean wife concern and reward scores. The mean balance score of the wife role was 1.31 (SD = 0.92).

Women who occupied the role of motherhood found the most rewarding aspects to be "The love they show," "The meaning they give my life," and "Being needed." The most distressing aspects of this role were "Heavy demands/responsibilities," "Limited time for myself because of them," and "Problems with their education/school." Mean mother concern and reward scores are shown in Table 6 and mean mother role balance was 1.05 (SD = 0.88). In all three roles, reward scores were consistently higher than concern scores, resulting in positive mean balance scores.

Correlational Analyses

Intercorrelations between the GRS composite and subscales, the four GHQ subscales, and the concern and reward scores of the three roles occupied by women in this study are shown in Table 7. As in Study 1, all the subscales were highly correlated with the GRS composite. All the subscales also correlated highly with each other, whereas in Study 1 they correlated moderately. The GRS subscales were also significantly correlated with all four indices of psychological distress: anxiety,

depression, social dysfunction, and somatic symptoms. The strongest correlations were between the Self-sacrificing subscale and the four GHQ subscales (all ps < .001).

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Insert Table 7 about here

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An interesting trend emerged between the GRS subscales and role rewards and concerns. A high work concerns score was significantly correlated with endorsement of gender role socialization messages of being a traditional ideal woman, self-sacrificing, and competent without complaint. Conversely, a high work rewards score was negatively correlated with gender role socialization, although the relationship with Self-sacrificing was not significant. All indices of gender role socialization correlated positively with wife concerns and negatively with wife rewards. With regard to the mother role, high concern scores were significantly correlated with all the GRS subscales whereas reward scores were not.

Having many or high work concerns was positively correlated with self-reported anxiety, depression, social dysfunction, and somatic symptoms while work rewards was negatively correlated with all the distress indices. Wife concerns was positively correlated with all the GHQ subscales except for Somatic Symptoms. Rewards in the wife role were negatively correlated with depression, social dysfunction, somatic symptoms, but not anxiety. The highest correlations were found for mother concerns and the four distress indices, but only Somatic Symptoms was significantly related (negatively) to rewards in the mother role.

Regression Analyses

Results of hierarchical regression analyses are shown in Tables 8 through 11. The same variables were used to predict each measure of psychological distress.

The demographic indicators of age, education, household income, and working hours entered the equations first. Low family income significantly predicted women's social dysfunction, $\beta = -.17$, $p < .05$, and higher age significantly predicted somatic symptoms, $\beta = -.19$, $p < .05$. At this stage, no other variables reached statistical significance in predicting distress.

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Insert Tables 8 to 11 about here

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In the second step, the role occupancy variables of wife and mother were entered. Being married was a significant predictor of somatic symptoms, $\beta = .20$, $p < .05$, and was a near-significant predictor of social dysfunction, $\beta = .19$, $p < .06$. Occupancy in the wife role was not a significant predictor of anxiety or depression. Occupancy in the mother role (women with three roles) did not significantly predict any indices of psychological distress. These results provide evidence against the scarcity theory that more roles lead to strain and negative physical and psychological health outcomes. The increment in proportion of variance explained by these two role occupancy variables was not statistically significant across the four distress measures.

Role quality scores entered the equations in the third step and produced a significant $R^2$ increment in each regression, ranging from 13% for social dysfunction to 22% for depression. However, this increase was mainly due to work quality, in that high work role quality predicted low anxiety, ($\beta = -.28$), depression ($\beta = -.44$), social dysfunction ($\beta = -.34$), and somatic symptoms ($\beta = -.24$), all $ps < .001$. A high mother role quality also predicted low anxiety scores, $\beta = -.30$, $p < .05$, and low

scores on somatic symptoms, $\beta = -.34$, $p < .01$. Wife role quality did not predict any measures of distress.

The fourth step of the regression equations tested whether components of gender role socialization could account for additional variance in psychological distress beyond the effects of women's role quality. The $R^2$ increment was significant across all the measures, ranging from 3% for somatic symptoms to 10% for social dysfunction. The only individual variable that reached statistical significance, however, was the Traditional Ideal Womanhood subscale. High endorsement of messages to attain the traditional ideal of womanhood significantly predicted anxiety, ($\beta = .21$), depression, ($\beta = .29$), social dysfunction ($\beta = .45$), and somatic symptoms ($\beta = .22$), all $ps < .05$.

In the final step of the regression analyses, the GRS subscales by Role quality interaction terms were tested. The interaction term of Self-sacrificing by Work quality was a consistent predictor of psychological distress. It was significant in predicting anxiety, $\beta = .32$, $p < .01$, depression, $\beta = .26$, $p < .05$, somatic symptoms, $\beta = .21$, $p < .05$, and approached significance in predicting social dysfunction, $\beta = .20$, $p < .06$. Only two other interaction terms added significantly to distress. Competent without Complaint by Work quality significantly predicted depression, $\beta = -.27$, $p < .01$, and Traditional Ideal Womanhood by Mother quality significantly predicted somatic symptoms, $\beta = -.33$, $p < .01$. This block of interaction terms produced significant $R^2$ increments of 9% each for depression and somatic symptoms. The $R^2$ increments of 4% and 5% for the analyses of social dysfunction and anxiety, respectively, were not statistically significant. As a whole, the full set of predictors accounted for 31% (Adjusted $R^2 = 0.22$) of the variance in anxiety, $F$ (21, 177) = 3.73; 43% of the variance in depression (Adjusted $R^2 = 0.36$),

$F$ (21, 177) = 6.35; 32% of the variance in social dysfunction (Adjusted $R^2$ = 0.23), $F$ (21,177) = 3.87; and 35% of the variance in somatic symptoms (Adjusted $R^2$ = 0.27), $F$ (21, 177) = 4.57, all $ps < .001$.

To explore the significance of these interactions, simple regression lines were plotted for individuals high (one standard deviation above the mean) and low (one standard deviation below the mean) on the Traditional Ideal Womanhood, Self-sacrificing, and Competent without Complaint subscales (Aiken & West, 1991). Figure 1 shows the interaction of Self-sacrificing with Work quality in the equation predicting anxiety. It is clear that low work quality contributed to anxiety, irrespective of the degree of self-sacrificing. When work quality was high, however, women who were low in self-sacrificing reported less anxiety than women who were high in self-sacrificing. A two-tailed $t$ test revealed that women with a high score on Self-sacrificing ($M$ = 1.03, $SD$ = 0.59) were significantly more anxious than women with a low score (M = 0.77, $SD$ = 0.61), $t$ (146) = -2.65, $p < .01$.

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Insert Figure 1 about here

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With regard to depression, Figure 2 presents the interaction of Self-sacrificing by Work quality. Similar to the previous diagram of anxiety, work quality appeared to have a larger influence on psychological distress, in this case depression, than one's degree of being self-sacrificing. Depression scores differed only slightly when work quality was high, with high self-sacrificing women being more depressed than low self-sacrificing women. Surprisingly, women low in self-sacrificing reported higher depression scores than women high in self-sacrificing when work quality was low. Nonetheless, a comparison of the two groups showed that, overall, women high in self-sacrificing ($M$ = 0.56, $SD$ = 0.57) reported more

depression than women low in self-sacrificing ($M$ = 0.37, $SD$ = 0.54), $t$ (146) = -2.00, $p < .05$.

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Insert Figure 2 about here

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The term Competent without Complaint by Work quality on depression is shown in Figure 3. For women with high work quality, depression scores varied little as a function of being competent without complaint. However, when work quality was low, women with high scores in Competent without Complaint were more depressed than women with low scores. Moreover, as a group, women with high scores on this GRS subscale ($M$ = 0.61, $SD$ = 0.66) were significantly more depressed than women with low scores ($M$ = 0.25, $SD$ = 0.33), $t$ (141) = -4.08, $p < .001$.

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Insert Figure 3 about here

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The near-significant interaction between Self-sacrificing and Work quality on social dysfunction is diagrammed in Figure 4. Among low self-sacrificing women, there was a strong relationship between work quality and social dysfunction. At low levels of work quality, low self-sacrificing women reported more social dysfunction than high self-sacrificing women. At high levels of work quality, however, it was the high self-sacrificing women who reported greater social dysfunction. Overall, women with high Self-sacrificing scores ($M$ = 1.11, $SD$ = 0.37) reported higher levels of social dysfunction than women with low Self-sacrificing scores, ($M$ = 0.98, $SD$ = 0.37), $t$ (146) = -2.15, $p < .05$.

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Insert Figure 4 about here

Self-sacrificing by Work quality had a similar effect on somatic symptoms as it did on social dysfunction. As shown in Figure 5, when work quality was high, low self-sacrificing individuals fared better (i.e., low somatic symptoms), whereas at low levels of work quality, high self-sacrificing individuals reported slightly fewer symptoms. However, the low ($\underline{M}$ = 0.89, $\underline{SD}$ = 0.60) and high self-sacrificing ($\underline{M}$ = 1.04, $\underline{SD}$ = 0.59) groups did not differ in their overall ratings of somatic symptoms, $\underline{t}$ (146) = -1.56, $\underline{p} > .05$.

Insert Figure 5 about here

Somatic symptoms were also influenced by an interaction between the Traditional Ideal Womanhood subscale and Mother quality. Figure 6 shows that women with a high traditional ideal of womanhood ($\underline{M}$ = 1.17, $\underline{SD}$ = 0.62) reported significantly more somatic symptoms than women with a low traditional ideal ($\underline{M}$ = 0.72, $\underline{SD}$ 0.47), $\underline{t}$ (141) = -4.87, $\underline{p} < .001$. There was a strong relationship between mother quality and somatic symptoms for women who endorsed a high rather than low traditional ideal of womanhood. The direction of the relationship suggested that women with low and high traditional ideals reported more similar levels of somatic symptoms when quality of the mother role was high than when it was low.

Insert Figure 6 about here

## Discussion

This study replicated the robust finding of the superiority of role quality over role quantity in predicting psychological distress, the first to do so among a Chinese

sample of working women in Hong Kong. Consistent with much of the multiple roles literature (see Thoits, 1986; Warr & Parry, 1982), experiences in the work role had the largest impact on psychological distress for women. Low work role quality was strongly associated with anxiety, depression, social dysfunction, and somatic symptoms. With regard to mother quality, there were main effects on anxiety and somatic symptoms. Low quality in this role was associated with higher anxiety and somatic symptoms. Quality of the wife role did not significantly predict any indices of distress, although occupancy in this role was significantly related to somatic symptoms, and marginally related to social dysfunction.

Noor (1996) found that work status (not working) and low work quality were the only variables that predicted psychological distress, although being a parent was marginally predictive of distress. In another study all three of the key role quality variables examined in this study were negatively related to depression scores but role occupancy was not (Baruch & Barnett, 1986). In terms of anxiety, Barnett and Baruch (1985) found that being married was the only role occupancy variable that was significant (positive relationship) and motherhood was the only significant role quality variable. The findings in these studies are generally compatible with the results obtained in the present study.

The importance of utilizing multiple indicators of distress was also demonstrated by the results of this study in that different factors influenced each dimension of psychological distress. In cases where a single variable affected all indices of distress, such as work quality, the magnitude of its effect varied. For instance, a negative balance in the work role had the greatest effect on depression and the least on somatic symptoms. Moreover, higher age and being married were significantly related to somatic symptoms, but not any other indices of distress. Had

a single measure of distress been used, these complexities would have remained undetected. Even so, this analysis would have benefited from a measure of positive mental health, if questionnaire length had not been an issue. As suggested by Noor (1996), well-being is more than just the absence of symptoms of distress, it is also the presence of positive affect. A study by Fujita, Diener, and Sandvik (1991) showed that even though women reported more negative affect than men, they were comparable to men in terms of happiness. These authors concluded that women experience emotions more vividly than men and called for studies to focus not only on the greater negative affect in women, but also on their positive emotional experience. Furthermore, recent studies of women's roles and mental health have indicated that these two indicators are conceptually distinct and have different relationships with measures of role quality (Barnett & Marshall, 1991; Stephens et al., 1994). Therefore, future studies should incorporate both positive and negative indicators of mental health to obtain a better picture of the relationship between women's roles and well-being.

The unique contribution of this investigation lies in its discovery of the importance of gender role socialization for multiple role women's psychological distress. As an overall measure, the 29-item Gender Role Socialization composite has good internal consistency ($\alpha = 0.91$). The three subscales also demonstrated respectable alphas ranging from 0.78 to 0.83. Confirmatory factor analyses replicated the 3-factor structure of the GRS scale, suggesting that gender role socialization is multidimensional. The goodness-of-fit indices (e.g., NNFI, AGFI) demonstrated that the three-factor model of the GRS showed an acceptable level of fit to the sample of working women.

Tests of validity further supported the importance of examining different aspects of female gender role socialization. In particular, different dimensions may affect elements of psychological health differently. Intercorrelations between components of gender role socialization and psychological distress consistently showed that anxiety, depression, social dysfunction, and somatic symptoms were more highly related to the Traditional Ideal Womanhood subscale than to the Self-sacrificing and Competent without Complaint subscales. Moreover, in regression analyses, it was the only GRS subscale that added a significant contribution to psychological distress even after considering role quality. High endorsement of the traditional ideal of womanhood had a main effect on women's anxiety, depression, social dysfunction, and somatic symptoms. However, the significant interaction of Traditional Ideal Womanhood with Mother quality superceded the main effects of both variables on somatic symptoms. This was the only significant interaction term involving the Traditional Ideal Womanhood subscale as well as the Mother quality variable. This result suggests that quality of the mother role influenced somatic symptoms only when endorsement of the traditional ideal of womanhood was high, but not when it was low. In other words, somatic symptoms were exacerbated when motherhood was unrewarding for women who were highly traditional in the ideals of womanhood.

Inspection of the items comprising the Traditional Ideal Womanhood subscale offers some insight into the distress that it seems to have on women. The 13 items that make up this subscale are wide-ranging in elements of gender role socialization for women (see Table 1). Needing to feel physically attractive and suppressing one's own needs are integral issues of this subscale, as are elements of self-blame for one's own unhappiness and relationship concerns. With so many

demands, it is little wonder that high endorsement of this subscale was associated with negative psychological outcomes. Moreover, Traditional Ideal Womanhood is highly correlated with the GRS composite ($\underline{r} = 0.91$), suggesting that this subscale could be considered to measure female gender role socialization broadly construed. Despite the extensive content of this subscale, however, it was quite internally consistent ($\alpha = 0.83$).

There were few associations between the Competent without Complaint subscale and indices of psychological distress. In the regression equation predicting depression, women who endorsed high competency without complaint were significantly more depressed than women with low levels of competency without complaint when work quality was low. When work quality was high, however, the degree to which one was competent without complaint did not impact depression. Therefore, the internalization that one must be extremely competent without showing any signs of weakness seemed to exacerbate depressive symptoms for women in unrewarding jobs. This makes sense. Women who have low job quality report more or greater concerns than rewards, and are in essence not "doing it all" flawlessly, which is the central theme of the Competent without Complaint subscale. However, a strong internalization of the idea that one must be competent without complaint is incompatible with poor job quality, a condition in which job concerns or complaints outweigh job rewards. For women who do not feel that they must do it all without complaint, an unrewarding job is not as distressing.

Relative to other dimensions of gender role socialization, the Competent without Complaint subscale was the most highly endorsed, both in this sample of working women and in the first sample of female university students. This may be a consequence of the type of participants in these two groups. That is, university

students and working professionals are likely highly motivated women who strive for competence. Moreover, as reflected in the intercorrelations with psychological distress, internalization of competency without complaint, although still significantly correlated, was the least distressing aspect of gender role socialization for working women. This result may be an artifact of the relatively homogeneous sample of professional working women in this study. Future research needs to examine the patterns of endorsement across components of gender role socialization for women in diverse occupational and income groups.

Although the Self-sacrificing subscale did not affect psychological distress, it did influence the relationship between distress and work quality. In general, high-self sacrificing women reported more distress than low self-sacrificing women. Interestingly, on all indices of distress except for anxiety in which the groups did not differ, highly self-sacrificing women were less distressed than low self-sacrificing women when quality of the work role was poor. By contrast, low self-sacrificing women were less distressed than high self-sacrificing women when work role experiences were good. One possible explanation for this finding is that work quality was such a powerful predictor of psychological distress, that any effect of gender role socialization was minimized. The strong relationships between work quality and psychological distress in the regression analyses provided support for this explanation. Moreover, the regression lines of low and high self-sacrificing women in Figures 1, 2, 4, and 5 were remarkably similar in slope, suggesting that work quality affected distress for all women in roughly the same manner.

A further explanation for the unexpected finding of higher distress among low self-sacrificing women with low work quality may involve cultural factors. Items comprising the GRS scale, particularly the Self-sacrificing subscale have a

strong collectivist orientation, which might be confounded with female gender role socialization. As the subscale name implies, many of the items deal with being completely giving to others while denying oneself of one's own needs (e.g., "I often give up my own wishes in order to make other people happy" and "I feel that the needs of others are more important than my own needs"). In Chinese culture, attentiveness and sensitivity to the needs of others is a key ingredient of social interaction (Gabrenya & Hwang, 1996). As Yang (1986) summarizes, the Chinese have a proclivity towards collective welfare and social concern and to de-emphasize personal enjoyment and feelings in one's life.

Some other questions on this subscale pertain to the Western notion of self-blame. For example, "When a relationship in my life is unsuccessful, I always feel that it is my fault, even when I know that it is not" and "I often apologize for things that I know are not my fault." According to Leung (1996), humility is a salient norm in Chinese society, one that originates from Confucianism. Related to the humility norm is the fact that Hong Kong university students tend to make internal attributions for failures (Bond, Leung, & Wan, 1982). Moreover, greater social responsibility and likeability are often inferred from those who are more self-effacing. Thus, the internalization of self-sacrificing messages may be an obligation tied to Chinese tradition, something that is expected of everyone. When women perceive the work role to be negative (i.e., low quality) and at the same time if they are not fulfilling their obligation of being a sensitive, caring, and humble individual (i.e., high self-sacrificing), psychological distress may ensue because they are unsuccessful both professionally and interpersonally. By the same token, success in one domain (i.e., internalization of self-sacrificing messages) may mitigate the negative psychological distress associated with poor work quality.

Several other limitations of this study warrant mention. With regard to gender role socialization, a limitation of this research was the purely "etic" nature in which this scale was imported. Although the process of back-translation was adopted, and informal feedback received from local Chinese informants regarding face validity of the items, no indigenously derived concepts were added. Thus, there may have been issues of relevance to a female Chinese conception of gender role socialization that may have been missed. Nevertheless, the internal consistencies of the GRS composite and subscales were acceptable in both studies, and expected relationships with psychological distress were found in this study. Future research with the GRS scale should incorporate qualitative methods, such as interviews, to fully understand local definitions of gender role socialization.

Another limitation of this study is the correlational nature of the design. It cannot be determined whether role quality and the traditional ideal of womanhood were antecedents to or consequences of the distress states examined. For example, it is possible that pre-existing states of psychological distress could affect the experience of rewards and concerns in a role as well as the endorsement of gender role socialization. Although there is considerable longitudinal evidence which suggests that quality of roles contributes to women's physical and psychological health (e.g., Barnett et al., 1992; Helson, Elliott, & Leigh, 1990; Waldron & Jacobs, 1989), it is not known the extent to which this is true of this sample.

The generalizability of this study's findings may also be limited. Because respondents were self-selected, concerns could be raised about the representativeness of the sample, particularly in light of the fact that the response rate was a mere 28%. On the one hand, respondents may have been women who were extremely distressed by their multiple roles and who were seeking insight into

their problems. On the other hand, they may have been women who were less stressed and thus had the time to participate in research. To reduce the potential of either bias, respondents were recruited from multiple sources rather than relying on a single source of recruitment.

Most of the participants in this study were also working in the traditionally feminine occupations of nursing and social work. There is some evidence that gender role identities are associated with career expectations and feelings of self-efficacy in traditionally male- and female-dominated occupations (e.g., Matsui, Ikeda, & Ohnishi, 1989). According to Moore (1995), sex and occupational type are related to gender roles and domestic roles. Men and women in the male-type occupation of university professor spent less time on family and domestic roles, and increased their hours of work. Women perceived the domestic role as more central than men, and so did participants in the female-type occupation of secondary school teacher compared to participants in the male-type occupation. In the present study, it is possible that for women employed in traditionally feminine occupations such as nursing and social work gender role socialization was more or less important for predicting psychological distress than for those in non-traditional occupations. Although there were some women in the sample not employed as either nurses or social workers, this group was small, and thus comparisons could not be made.

Finally, the findings of present study would have been strengthened if we had also examined the behavioral concomitants of gender role socialization. For example, women's responses to fictional, situational scenarios involving gender role socialization messages can provide criterion validity for the GRS scale. Although this would still be a self-reported assessment of behavior, it would nonetheless give

some indication of the behavioral correlates of female gender role socialization, thereby adding to the validity of this scale.

## Conclusion and Future Directions

This two-part investigation into the relevance of gender role socialization for Chinese women in relation to their multiple roles and psychological distress should be treated an initial step in establishing the validity of the GRS scale. As a construct, gender role socialization seems to make sense in predicting mental health above and beyond previously established relationships with role quality. However, research must go forward to show what the scale is measuring and how it can be used in the real world to achieve practical goals. One important consideration is the inclusion of men in future studies. Although the GRS scale was designed as an assessment of female gender role socialization, the extent to which men also endorse these messages should be investigated to establish further validity. Moreover, this investigation into multiple roles and psychological distress can be replicated with working men. This is important because it is possible that gender differences in the endorsement of gender role socialization messages may not exist, but the way in which women and men experience these effects may differ, viz., through mental health outcomes. For example, in the present study, women rated the wife role as highest in quality (more rewards than concerns), the work role second highest, and the mother role lowest. As predictors, however, work quality was a far better indicator of distress, followed by mother quality, whereas wife quality was not significantly associated with any of the dependent measures. Therefore, mean scores and possible differences on those scores between groups provides little information about meaning. Thus, understanding men's multiple role experiences –

an important endeavor in its own right – can only provide a more meaningful context in which to understand women's experiences.

Another avenue of research that deserves investigation is that of additional roles beyond the three key roles of spouse, parent, and employee. The elder care role has been rarely studied in investigations of multiple roles. Among Caucasian families in North America, the daughter or daughter-in-law typically becomes the primary caregiver to disabled elders (Doress-Worters, 1994). Within Chinese culture, the custom of extended- family living provides an interesting opportunity to explore the dynamics of elder care on women's well-being. In the present study, women were asked if they were the primary caretakers of elderly family members. However, nearly half of the sample did not respond to this question, most likely due to the somewhat cluttered nature of the demographic form. Therefore, we do not have a clear indication of the extent to which elder care is a significant role in women's lives.

Clearly, the most obvious direction for future research is a cross-cultural one. As discussed previously, some of the notions of Western female gender role socialization also coincide with a Chinese orientation towards collectivism. Currently, the extent to which Chinese women have internalized gender role socialization and/or collectivism cannot be determined without a comparison group. If, for instance, the Western counterparts of these women also demonstrate similar relationships with distress and multiple roles, then more confidence can be attributed to the influence of female gender role socialization. However, if results with Western women differ dramatically from those of this study, the possibility of a cultural confound in the GRS scale needs to be considered more seriously.

In summary, the parameters of the multiple roles and psychological distress relationship were expanded in this investigation. Until now, there was virtually no empirical data on Hong Kong women's multiple role experiences in relation to mental health. This was also the first systematic, empirical examination of female gender role socialization in Chinese culture. Results revealed that gender role socialization is a construct with much relevance to women's role experiences and mental health. Moreover, this study also suggested that the relationship between role quality and health is complicated, and that a woman's internalization of gender role socialization messages may moderate her experience of distress. This is a promising area for continued research. In addition to the refinement of the gender role socialization construct, replication of these results in different populations is needed.

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Table 1

Final Items and Factor Loadings, Gender Role Socialization Scale (N = 128)

| Item | Loading |
|---|---|
| Component 1 (Traditional Ideal Womanhood) | |
| 7. When I assert my own needs I feel selfish. | 0.621 |
| 17. I can't feel good about myself unless I feel physically attractive. | 0.594 |
| 15. I feel uncomfortable asserting my own needs. | 0.589 |
| 13. When I express myself I tend to get overly emotional. | 0.549 |
| 35. I can't feel confident unless I feel attractive. | 0.545 |
| 25. If I am unhappy it is because my expectations are too high. | 0.541 |
| 14. If I am not always thinking about my family, I am not a good woman. | 0.537 |
| 16. If I don't get what I need it is because I ask for too much. | 0.514 |
| 26. I will never be a complete person if I am not in a relationship. | 0.482 |
| 6. If I am too ambitious I will never be an adequate mother. | 0.473 |
| 5. I am torn between trying to reach my own goals and taking care of others. | 0.470 |
| 12. To be a good woman I always have to be sensitive to the needs of others. | 0.410 |
| 55. I don't feel that I can leave a relationship even when I know that it is not satisfying. | 0.408 |

-- Table Continues --

Table 1 Continued

| Item | Loading |
|---|---|
| Component 2 (Self-sacrificing) | |
| 51. I find myself nurturing others but not myself. | 0.704 |
| 40. I find that I focus all of my energy on the needs of others at the cost of satisfying my own needs. | 0.699 |
| 59. I often give up my own wishes in order to make other people happy. | 0.696 |
| 34. I feel that the needs of others are more important than my own needs. | 0.658 |
| 52. I feel that I must be supportive of others, but that I must succeed in life without any added help. | 0.552 |
| 47. While I am expected to be there for the emotional needs of others, I feel that I am not allowed to ask for my own needs to be met. | 0.550 |
| 49. When a relationship in my life is unsuccessful, I always feel that it is my fault, even when I know that it is not. | 0.466 |
| 36. I often apologize for things that I know are not my fault. | 0.446 |
| Component 3 (Competent without Complaint) | |
| 62. In order to feel confident, I must be able to handle many responsibilities without feeling overwhelmed. | 0.667 |
| 38. I feel as though I should be able to do it all and never look overwhelmed. | 0.659 |
| 54. I feel that I must push myself to the limit so as not to let other people down. | 0.557 |

-- Table Continues --

Table 1 Continued

| Item | Loading |
|---|---|
| 24. In order to feel worthwhile, I must excel at both a career and my personal life. | 0.528 |
| 45. No matter how I feel I must always try to look my best. | 0.506 |
| 18. If I am sexually aggressive then I am not a good woman. | 0.465 |
| 48. I should never look like I am losing control even if everything is falling apart. | 0.448 |
| 1. If I don't accomplish everything I should, then I must be a failure. | 0.425 |

Note. Variance accounted for: Component 1 = 11%; Component 2 = 11%; Component 3 = 9%.

Table 2

Mean Scores on Gender Role Socialization, Gender Role Stress, and Gender Role Orientation (N = 128)

| Variable | M | SD |
|---|---|---|
| GRS Composite | 3.76 | 0.62 |
| Traditional Ideal Womanhood | 3.95 | 0.78 |
| Self-sacrificing | 3.10 | 0.84 |
| Competent without Complaint | 4.10 | 0.83 |
| Feminine Stress | 3.37 | 0.48 |
| Masculine Stress | 2.60 | 0.47 |
| Feminine Orientation | 4.45 | 0.58 |
| Masculine Orientation | 3.92 | 0.79 |

Note. Feminine Stress = Feminine Gender Role Stress; Masculine Stress = Masculine Gender Role Stress; Feminine Orientation = Feminine Gender Role Orientation; Masculine Orientation = Masculine Gender Role Orientation.

Table 3

Intercorrelations between Gender Role Socialization, Gender Role Stress, and Gender Role Orientation (N = 128)

| Measures | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| 1. GRS Composite | -- | .85*** | .66*** | .72*** | .31*** | .39*** | .15 | -.06 |
| 2. Traditional | | -- | .34*** | .42*** | .42*** | .38*** | .15 | -.20* |
| 3. Self-sacrificing | | | -- | .27** | .06 | .25** | .03 | -.02 |
| 4. Competent without Complaint | | | | -- | .15 | .21* | .13 | .19* |
| 5. Feminine Stress | | | | | -- | .70*** | .29** | -.10 |
| 6. Masculine Stress | | | | | | -- | .15 | -.03 |
| 7. Feminine Orientation | | | | | | | -- | -.03 |
| 8. Masculine Orientation | | | | | | | | -- |

Note. Traditional = Traditional Ideal Womanhood; Feminine Stress = Feminine Gender Role Stress; Masculine Stress = Masculine Gender Role Stress; Feminine Orientation = Feminine Gender Role Orientation; Masculine Orientation = Masculine Gender Role Orientation.

*$p < .05$. **$p < .01$. ***$p < .001$.

Table 4

Demographic Characteristics of Working Women

| Characteristic | Single Workers | | Married Workers | | Married Working Mothers | |
|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD |
| Age in years | 28.89 | 6.47 | 32.90 | 5.76 | 38.03 | 6.86 |
| Working years | 7.36 | 6.12 | 10.54 | 5.69 | 15.14 | 6.32 |
| Years at job | 6.00 | 5.67 | 9.76 | 5.78 | 13.22 | 7.35 |
| Hours/Week | 47.85 | 1.42 | 47.30 | 0.86 | 46.64 | 1.45 |
| Years married | 0 | 0 | 5.75 | 4.77 | 11.15 | 6.24 |
| Children at home | 0 | 0 | 0 | 0 | 1.59 | 0.79 |
| | n | % | n | % | n | % |
| Occupation: | | | | | | |
| Social Worker | 50 | 46 | 18 | 49 | 25 | 45 |
| Nurse | 29 | 27 | 11 | 30 | 19 | 34 |
| Secretarial | 7 | 7 | 3 | 8 | 4 | 7 |
| Other organizational | 22 | 20 | 5 | 13 | 8 | 14 |
| Education: | | | | | | |
| Secondary or less | 46 | 40 | 19 | 49 | 14 | 22 |
| University | 57 | 50 | 13 | 33 | 23 | 36 |
| Postgraduate | 11 | 9.6 | 7 | 18 | 11 | 17 |

-- Table Continues --

Table 4 Continued

| Characteristic | Single Workers | | Married Workers | | Married Working Mothers | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Own Income: | | | | | | |
| Under 300,000 | 38 | 57 | 9 | 31 | 10 | 25 |
| 300,000 – 500,000 | 38 | 34 | 20 | 48 | 24 | 41 |
| Over 500,000 | 10 | 9 | 9 | 21 | 20 | 34 |
| Household Income: | | | | | | |
| Under 300,000 | 23 | 28 | 0 | 0 | 3 | 5 |
| 300,000 – 500,000 | 40 | 36 | 15 | 31 | 11 | 17 |
| Over 500,000 | 40 | 36 | 29 | 69 | 49 | 78 |
| Provider Status: | | | | | | |
| Solely myself | 56 | 51 | 2 | 5 | 4 | 7 |
| Mainly Husband | 0 | 0 | 4 | 9 | 10 | 16 |
| Myself & Husband | 0 | 0 | 36 | 86 | 48 | 77 |
| Other | 55 | 49 | 0 | 0 | 0 | 0 |

Note. Working years represents total number of years working. Years at job represents number of years in current occupation. Income categories are per annum inclusive of bonuses. Percentages are based on available information and not on total number of participants in a particular group. N = 119 for Single Workers. N = 42 for Married Workers. N = 64 for Married Working Mothers.

Table 5

Confirmatory Factor Analysis of Gender Role Socialization Items in Working Women (N =225)

| | | | Goodness of Fit Indices | | | | |
|---|---|---|---|---|---|---|---|
| Model | $\chi^2$ | df | $\chi^2$ / df | NNFI | GFI | AGFI | SRMR |
| Three factors | 62.57*** | 24 | 2.61 | .94 | .94 | .88 | .05 |
| One factor | 44.54*** | 2 | 22.27 | .86 | .88 | .63 | .18 |

Note. NNFI = Bentler-Bonnet Non-Normed Fit Index; GFI = Goodness of Fit Index; AGFI = Adjusted Goodness of Fit Index; SRMR = Standardized Root Mean Squared Residual.

***$p < .001$.

Table 6

Means for GRS, Distress Indices, and Role Rewards and Concerns

| Variables | M | SD | n |
|---|---|---|---|
| GRS Composite | 3.40 | 0.84 | 225 |
| Traditional Ideal Womanhood | 3.51 | 0.94 | 225 |
| Self-sacrificing | 3.02 | 0.94 | 225 |
| Competent without Complaint | 3.60 | 1.02 | 225 |
| Anxiety | 0.86 | 0.60 | 225 |
| Depression | 0.43 | 0.54 | 225 |
| Social Dysfunction | 1.02 | 0.37 | 225 |
| Somatic Symptoms | 0.96 | 0.59 | 225 |
| Work Concerns | 1.81 | 0.46 | 225 |
| Work Rewards | 2.95 | 0.45 | 225 |
| Wife Concerns | 1.69 | 0.55 | 106 |
| Wife Rewards | 3.0 | 0.55 | 106 |
| Mother Concerns | 1.75 | 0.50 | 64 |
| Mother Rewards | 2.80 | 0.50 | 64 |

Table 7

Intercorrelations between Gender Role Socialization, General Health, and Role Concerns and Rewards

| Measures | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| 1. GRS | -- | .91*** | .81*** | .85*** | .33*** | .38*** | .30*** | .28*** | .35*** |
| 2. Traditional | | -- | .61*** | .66*** | .35*** | .42** | .37* | .22** | .26*** |
| 3. Self | | | -- | .62*** | .35*** | .44*** | .37*** | .30*** | .36*** |
| 4. Competent | | | | -- | .20** | .32*** | .18** | .20** | .29*** |
| 5. Anxiety | | | | | -- | .55*** | .53*** | .65*** | .38*** |
| 6. Depression | | | | | | -- | .47*** | .47*** | .44*** |
| 7. Social | | | | | | | -- | .41*** | .32*** |
| 8. Somatic | | | | | | | | -- | .30*** |
| 9. Work Concerns | | | | | | | | | -- |

-- Table Continues --

Table 7 Continued

| Measures | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|
| 1. GRS | -.26***. | 25* | -.29** | .49*** | -.18 |
| 2. Traditional | -.30*** | .20* | -.24* | .40** | -.10 |
| 3. Self | -.12 | .26** | -.28** | .41** | -.22 |
| 4. Competent | -.21** | .19* | -.25* | .45*** | -.19 |
| 5. Anxiety | -.20** | .25** | -.17 | .51*** | -.12 |
| 6. Depression | -.36*** | .21* | -.22* | .57*** | -.22 |
| 7. Social | -.31*** | .20* | -.23* | .33** | -.17 |
| 8. Somatic | -.23** | .16 | -.27** | .44*** | -.31* |
| 9. Work Concerns | -.45*** | .34*** | -.14 | .47*** | -.12 |
| 10. Work Rewards | -- | -.12 | .30** | -.23 | .40** |
| 11. Wife Concerns | | -- | -.55*** | .81*** | -.16 |
| 12. Wife Rewards | | | -- | -.49*** | .33** |
| 13. Mother Concerns | | | | -- | .34** |
| 14. Mother Rewards | | | | | -- |

Note. GRS = GRS Composite; Traditional = Traditional Ideal Womanhood; Self = Self-sacrificing; Competent = Competent without Complaint; Social = Social Dysfunction; Somatic = Somatic Symptoms. $N = 64$ for all analyses involving mothers. $N = 106$ for all analyses involving wives. $N = 225$ for all other analyses. *$p < .05$. **$p < .01$. ***$p < .001$.

Table 8

Hierarchical Regression Analysis Predicting Anxiety (N = 225)

| Predictors | $\Delta R^2$ | $R^2$ | B | β |
|---|---|---|---|---|
| Step 1: Age | | | -.009 | -.112 |
| Education | | | .019 | .045 |
| Income | | | -.050 | -.111 |
| Work hours | .034 | .034 | .033 | .076 |
| Step 2: Wife role | | | .154 | .130 |
| Mother role | .012 | .046 | .010 | .008 |
| Step 3: Work quality | | | -.217 | -281*** |
| Wife quality | | | -.057 | -090 |
| Mother quality | .151*** | .197 | -267 | -298* |
| Step 4: Traditional | | | .133 | .211* |
| Self | | | .095 | .151 |
| Competent | .056** | .253 | -.067 | -.116 |
| Step 5: Traditional X Work | | | -.137 | -.183 |
| Self X Work | | | .255 | .318** |
| Competent X Work | | | -.094 | -.145 |
| Traditional X Wife | | | .074 | .108 |
| Self X Wife | | | -.005 | -.007 |
| Competent X Wife | | | -.005 | -.009 |
| Traditional X Mother | | | -.159 | -.155 |
| Self X Mother | | | .054 | .052 |
| Competent X Mother | .053 | .307 | -.000 | -.001 |

Table 8 Continued

Note. Income = Household income; Traditional = Traditional Ideal Womanhood; Self = Self-sacrificing; Competent = Competent without Complaint. In Step 5, Work represents Work quality, Wife represents Wife quality, and Mother represents Mother quality.

*p < .05. **p < .01. ***p < .001.

Table 9

Hierarchical Regression Analysis Predicting Depression (N = 225)

| Predictors | $\Delta R^2$ | $R^2$ | B | β |
|---|---|---|---|---|
| Step 1: Age | | | -.010 | -.128 |
| Education | | | -.027 | -.069 |
| Income | | | -.030 | -.071 |
| Work hours | .040 | .040 | .032 | .078 |
| Step 2: Wife role | | | .104 | .093 |
| Mother role | .016 | .056 | -.210 | -.172 |
| Step 3: Work quality | | | -.321 | -.442*** |
| Wife quality | | | -.027 | -.045 |
| Mother quality | .222*** | .277 | -.168 | -.199 |
| Step 4: Traditional | | | .170 | .286** |
| Self | | | -.038 | -.065 |
| Competent | .064** | .342 | .029 | .053 |
| Step 5: Traditional X Work | | | -.130 | -.184 |
| Self X Work | | | .192 | .255* |
| Competent X Work | | | -.165 | -.270** |
| Traditional X Wife | | | .023 | .035 |
| Self X Wife | | | -.028 | -.046 |
| Competent X Wife | | | .053 | .096 |
| Traditional X Mother | | | -.159 | -.166 |
| Self X Mother | | | .022 | .023 |
| Competent X Mother | .088** | .430 | .030 | .037 |

Table 9 Continued

Note. Income = Household income; Traditional = Traditional Ideal Womanhood; Self = Self-sacrificing; Competent = Competent without Complaint. In Step 5, Work represents Work quality, Wife represents Wife quality, and Mother represents Mother quality.

*p < .05. **p < .01. ***p < .001.

Table 10

Hierarchical Regression Analysis Predicting Social Dysfunction (N = 225)

| Predictors | $\Delta R^2$ | $R^2$ | B | β |
|---|---|---|---|---|
| Step 1: Age | | | -.000 | -.015 |
| Education | | | .005 | .017 |
| Income | | | -.048 | -.171* |
| Work hours | .029 | .029 | .004 | .014 |
| Step 2: Wife role | | | .144 | .193[a] |
| Mother role | .019 | .048 | -.122 | -.137 |
| Step 3: Work quality | | | -.165 | -.340*** |
| Wife quality | | | -.042 | -.106 |
| Mother quality | .128*** | .176 | -.043 | -.077 |
| Step 4: Traditional | | | .179 | .448*** |
| Self | | | -.022 | -.055 |
| Competent | .101*** | .277 | -.048 | -.131 |
| Step 5: Traditional X Work | | | -.061 | -.129 |
| Self X Work | | | .102 | .203[a] |
| Competent X Work | | | -.040 | -.098 |
| Traditional X Wife | | | -.017 | -.041 |
| Self X Wife | | | -.050 | -.123 |
| Competent X Wife | | | .054 | .147 |
| Traditional X Mother | | | -.074 | -.115 |
| Self X Mother | | | .083 | .128 |
| Competent X Mother | .038 | .315 | -.028 | -.052 |

Table 10 Continued

Note. Income = Household income; Traditional = Traditional Ideal Womanhood; Self = Self-sacrificing; Competent = Competent without Complaint. In Step 5, Work represents Work quality, Wife represents Wife quality, and Mother represents Mother quality.

[a] $p < .06$.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 11

Hierarchical Regression Analysis Predicting Somatic Symptoms (N = 225)

| Predictors | $\Delta R^2$ | $R^2$ | B | β |
|---|---|---|---|---|
| Step 1: Age | | | -.015 | -.188* |
| Education | | | .033 | .079 |
| Income | | | -.044 | -.098 |
| Work hours | .060* | .060 | .042 | .098 |
| Step 2: Wife role | | | .234 | .199* |
| Mother role | .025 | .085 | -.010 | -.008 |
| Step 3: Work quality | | | -.183 | -.238** |
| Wife quality | | | -.064 | -.102 |
| Mother quality | .147*** | .232 | -.305 | -.342** |
| Step 4: Traditional | | | .135 | .215* |
| Self | | | .045 | .072 |
| Competent | .031* | .264 | -.023 | -.040 |
| Step 5: Traditional X Work | | | -.110 | -.147 |
| Self X Work | | | .107 | .208* |
| Competent X Work | | | .007 | .010 |
| Traditional X Wife | | | .131 | .187 |
| Self X Wife | | | -.033 | -.051 |
| Competent X Wife | | | .050 | .043 |
| Traditional X Mother | | | -.339 | -.327** |
| Self X Mother | | | .064 | .062 |
| Competent X Mother | .088** | .351 | .060 | .070 |

Table 11 Continued

Note. Income = Household income; Traditional = Traditional Ideal Womanhood; Self = Self-sacrificing; Competent = Competent without Complaint. In Step 5, Work represents Work quality, Wife represents Wife quality, and Mother represents Mother quality.

*$p < .05$. **$p < .01$. *** $p < .001$.

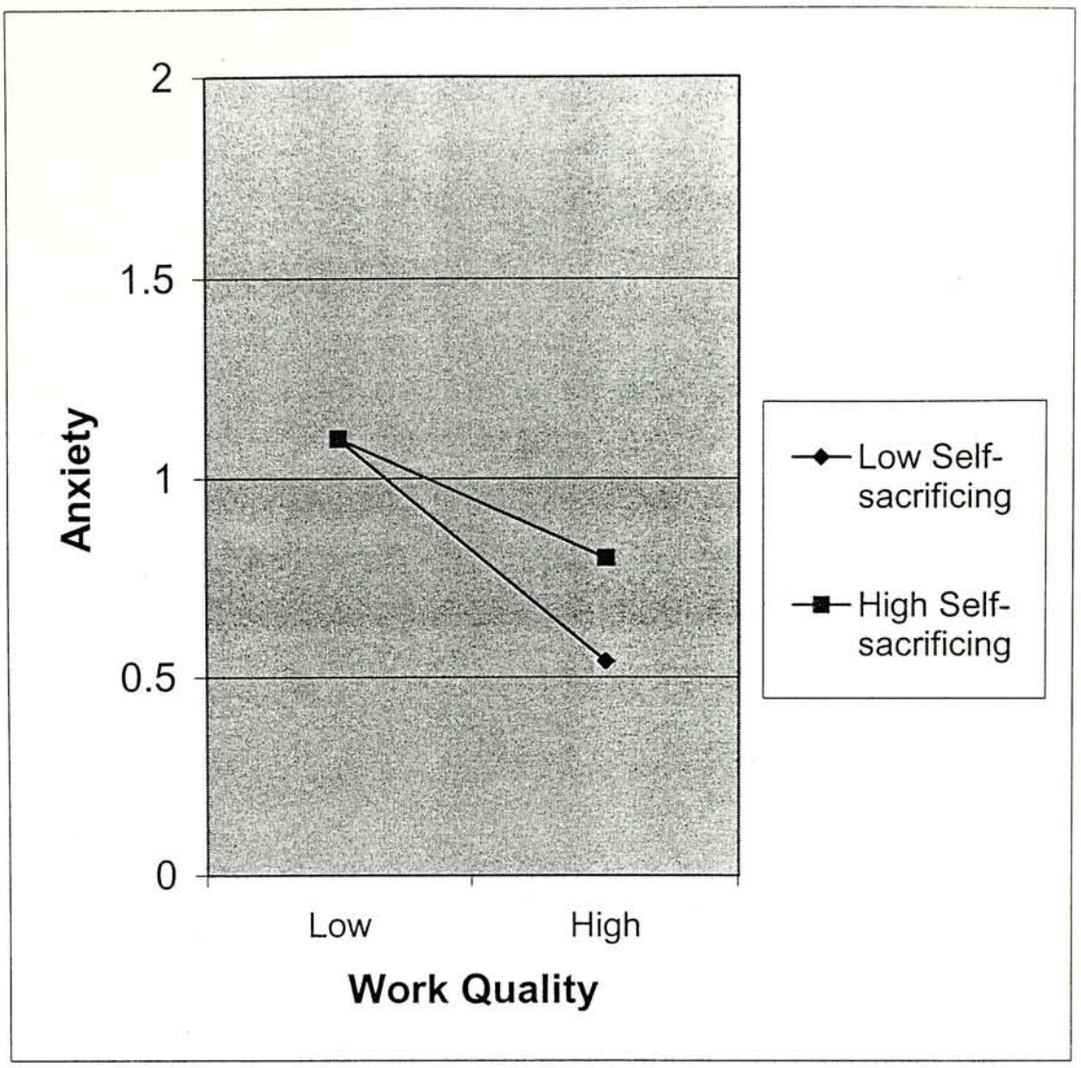


Figure 1. Interaction of High and Low Self-sacrificing with High and Low Work Qualilty on Anxiety

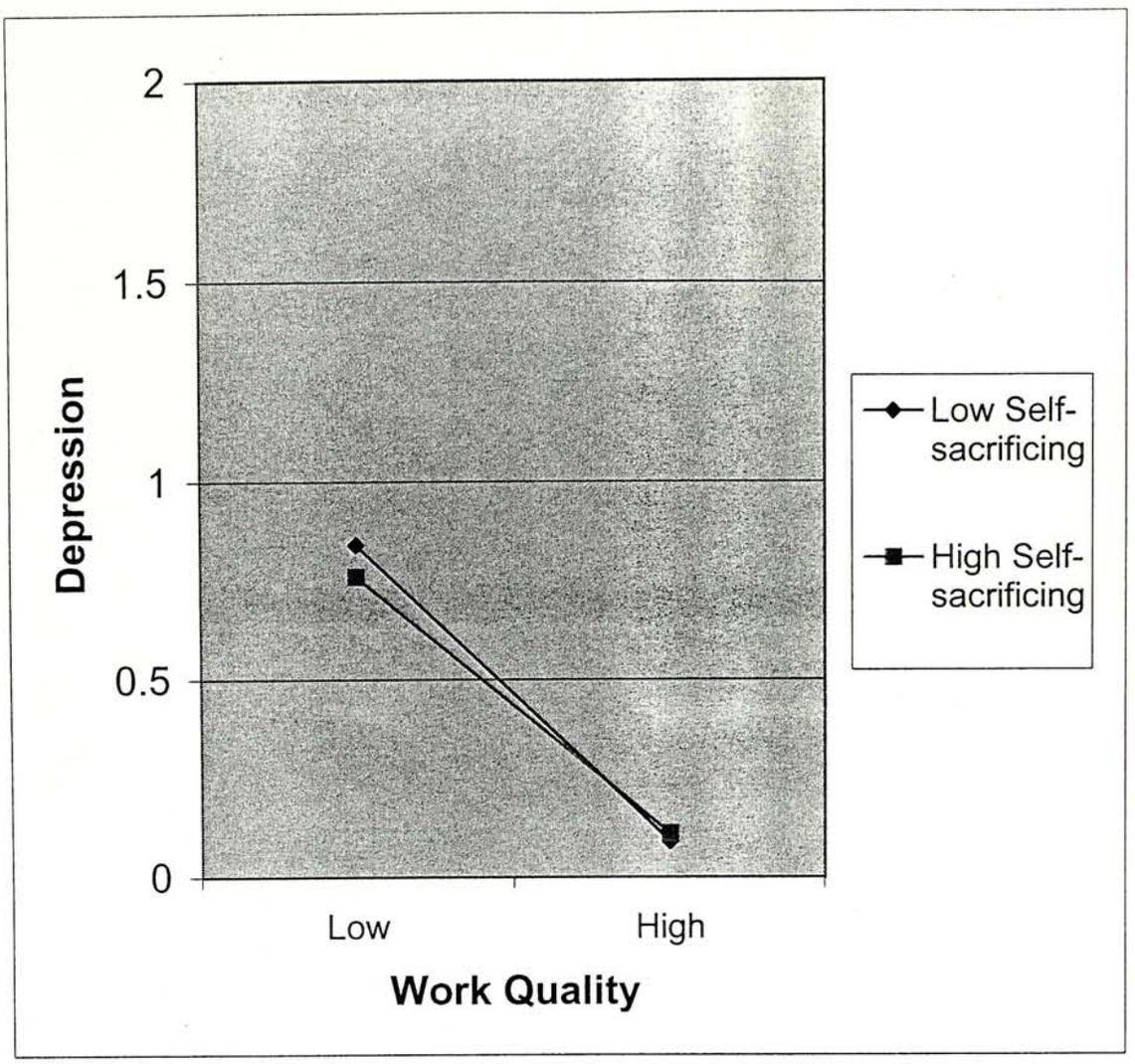


Figure 2. Interaction of High and Low Self-sacrificing with High and Low Work Quality on Depression

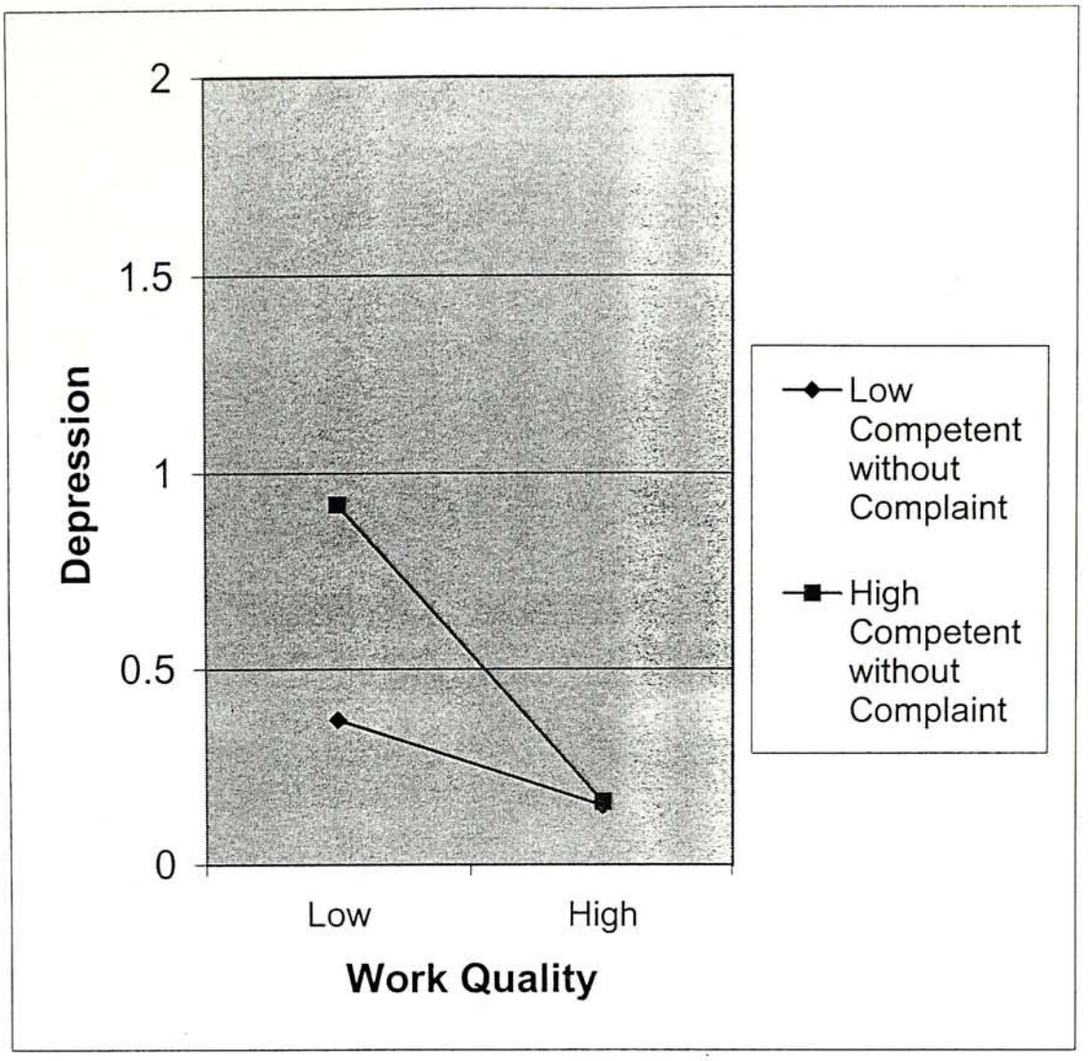


Figure 3. Interaction of High and Low Competent without Complaint with High and Low Work Quality on Depression

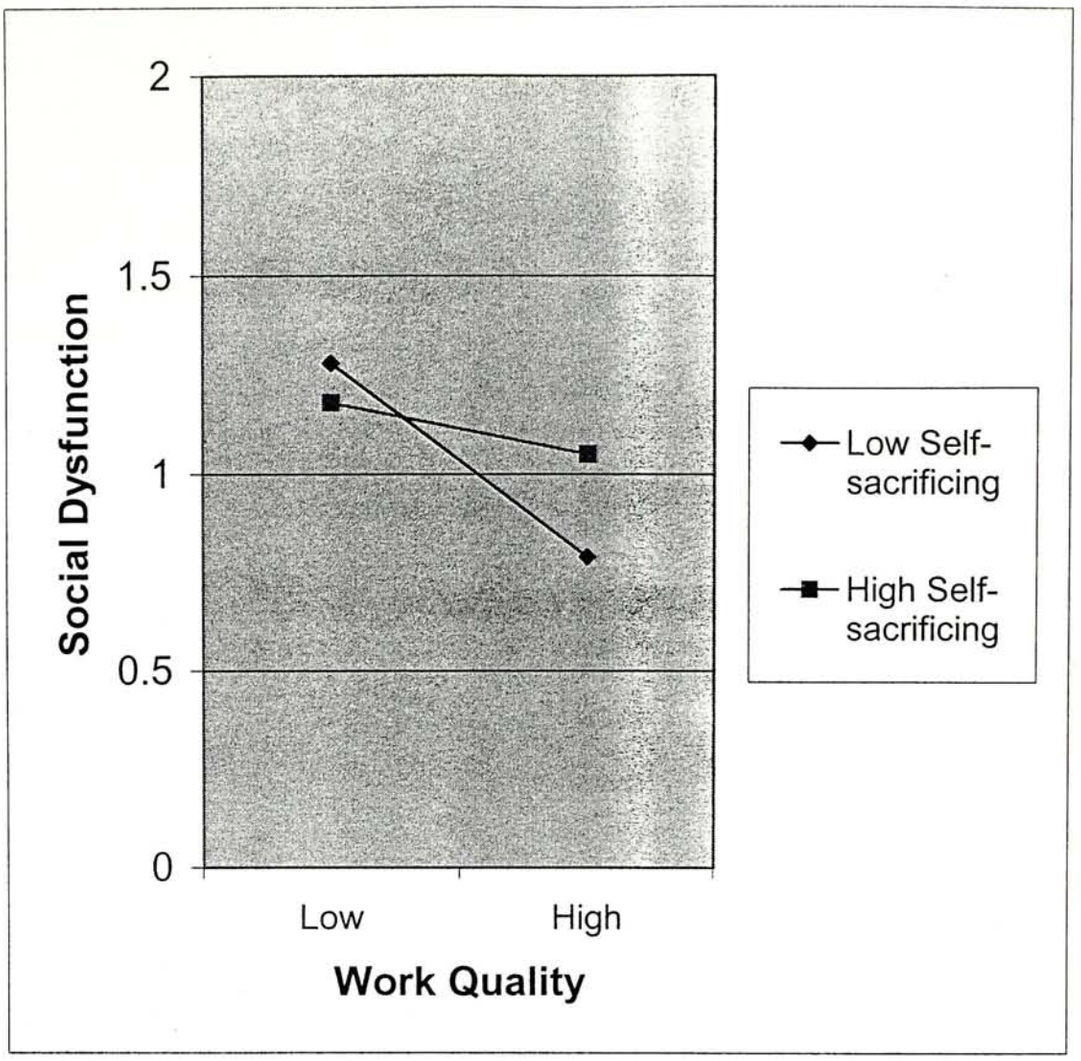


Figure 4. Interaction of High and Low Self-sacrificing with High and Low Work Quality on Social Dysfunction

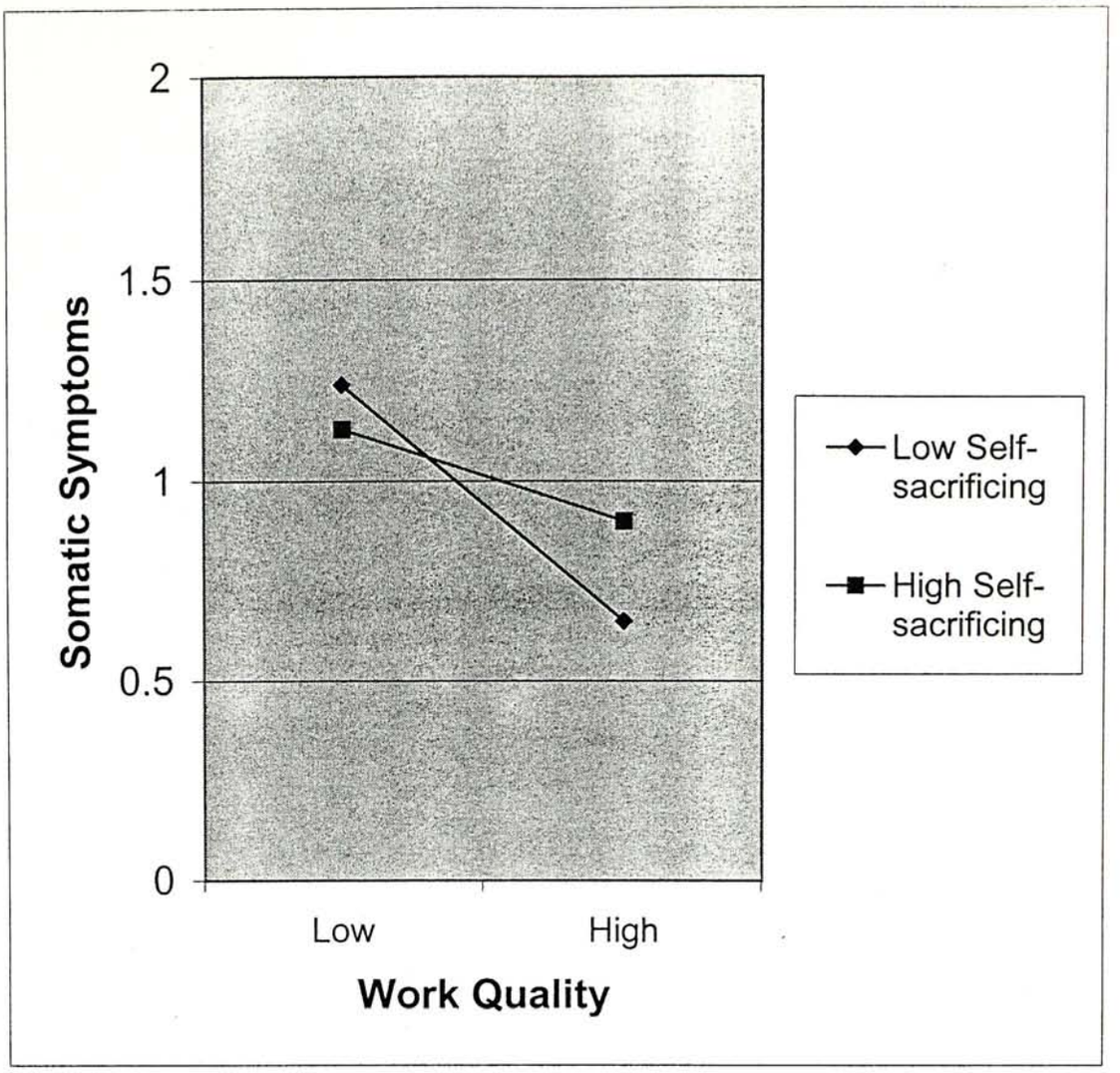


Figure 5. Interaction of High and Low Self-sacrificing with High and Low Work Quality on Somatic Symptoms

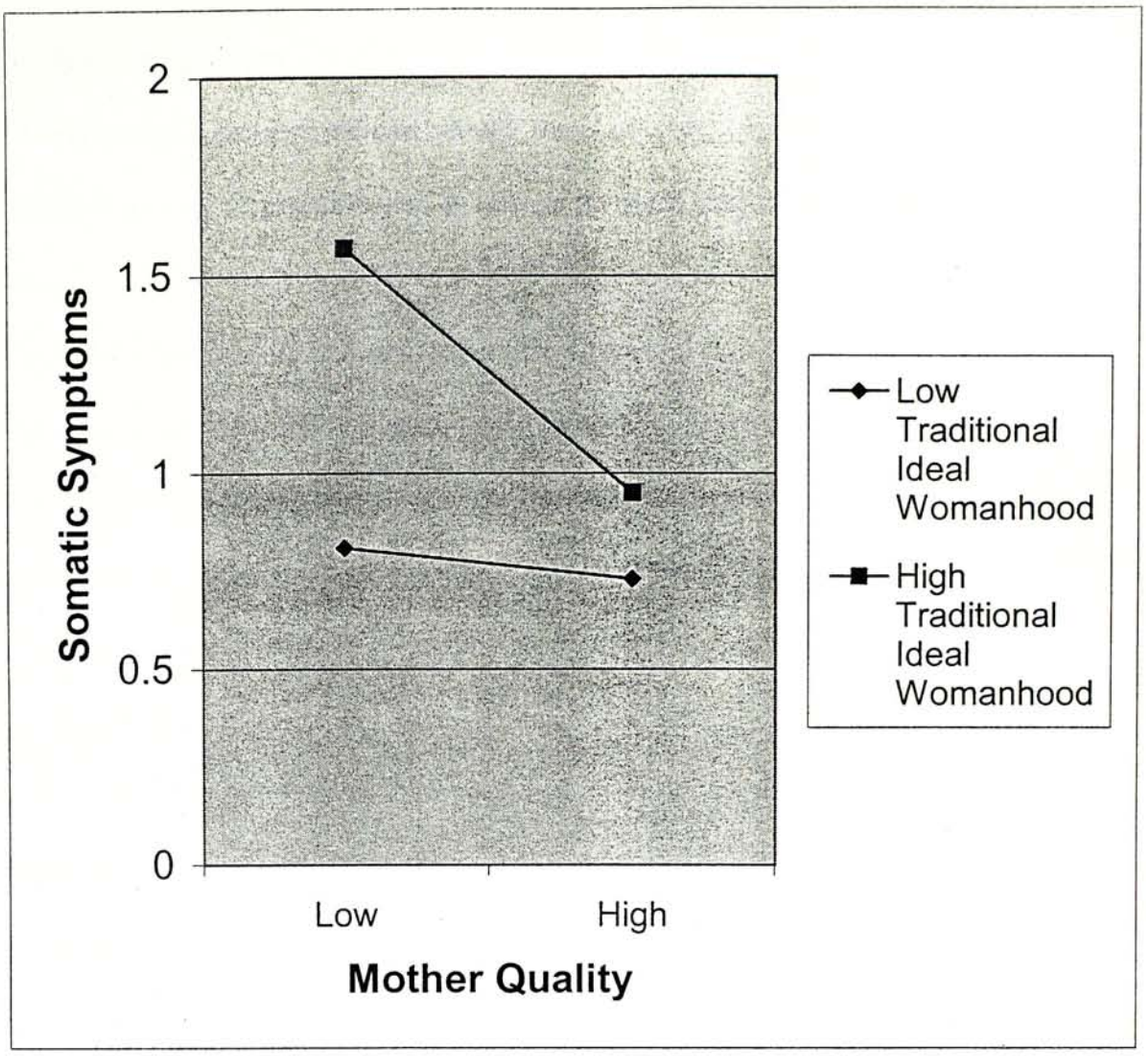


Figure 6. Interaction of High and Low Traditional Ideal Womanhood with High and Low Mother Quality on Somatic Symptoms

Appendix A

Gender Role Socialization Questionnaire

1. If I don't accomplish everything I should, then I must be a failure.
2. I feel that it is my responsibility to be always giving to others, even when I do not feel like it.
3. What I look like is more important than how I feel.
4. I feel embarrassed by my own sexual desires.
5. I am torn between trying to reach my own goals and taking care of others.
6. If I am too ambitious I will never be an adequate mother.
7. When I assert my own needs I feel selfish.
8. I am naturally more emotional than most men.
9. I feel responsible for my family's well-being.
10. I feel that I must always make room in my life to take care of others.
11. I will never consider my own work to be as valuable as the work men do.
12. To be a good woman I always have to be sensitive to the needs of others.
13. When I express myself I tend to get overly emotional.
14. If I am not always thinking about my family, I am not a good woman.
15. I feel uncomfortable asserting my own needs.
16. If I don't get what I need it is because I ask for too much.
17. I can't feel good about myself unless I feel physically attractive.
18. If I am sexually aggressive then I am not a good woman.
19. Being in a relationship should be enough to make me happy.
20. I feel guilty when I directly assert my needs.
21. Compared to men, I am less able to handle stress.
22. I feel that I must look good on the outside even if I don't feel good on the inside.
23. If I am unhappy it is because I am too hard to please.
24. In order to feel worthwhile, I must excel at both a career and my personal life.

Appendix A Continued

25. If I am unhappy it is because my expectations are too high.
26. I will never be a complete person if I am not in a relationship.
27. If a relationship fails it must be my fault.
28. I feel that I must nurture others, but not myself.
29. If other people let me down it must be because I expect too much.
30. As a woman I feel as though I shouldn't assert my own needs.
31. If I take time for myself I feel selfish.
32. If I spend time by myself I feel selfish.
33. If I have a success I feel as though I should be modest about it.
34. I feel that the needs of others are more important than my own needs.
35. I can't feel confident unless I feel attractive.
36. I often apologize for things that I know are not my fault.
37. I feel as though I should be less sexually aggressive than men.
38. I feel as though I should be able to do it all and never look overwhelmed.
39. I have only myself to blame for my problems.
40. I find that I focus all of my energy on the needs of others at the cost of satisfying my own needs.
41. I should not say nice things about myself.
42. I am to blame if I have low self-esteem.
43. If I ever feel overwhelmed it must mean that I am incompetent.
44. As a woman, I am less able than men to handle stress.
45. No matter how I feel I must always try to look my best.
46. I feel uncomfortable expressing pride in my own abilities.
47. While I am expected to be there for the emotional needs of others, I feel that I am not allowed to ask for my own needs to be met.
48. I should never look like I am losing control even if everything is falling apart.

Appendix A Continued

49. When a relationship in my life is unsuccessful, I always feel that it is my fault, even when I know that it is not.
50. If I do not like my body it is my own fault.
51. I find myself nurturing others but not myself.
52. I feel that I must be supportive of others, but that I must succeed in life without any added help.
53. If I am not attractive then I feel like a failure.
54. I feel that I must push myself to the limit so as not to let other people down.
55. I don't feel that I can leave a relationship even when I know that it is not satisfying.
56. In order to appear competent I must be able to handle many responsibilities without showing any signs of vulnerability.
57. When things go wrong I often feel that it is my fault.
58. I feel guilty if I take time for myself.
59. I often give up my own wishes in order to make other people happy.
60. I feel that I am supposed to focus all my energy on the needs of others at the cost of satisfying my own needs.
61. I don't like to say nice things about myself.
62. In order to feel confident, I must be able to handle many responsibilities without feeling overwhelmed.

Appendix B

Role Quality Questionnaire

Paid Worker Rewards

1. Hours fit my needs.
2. Job security.
3. Appreciation and recognition.
4. People I work with.
5. Helping others/being needed.
6. Liking my boss.
7. Sense of accomplishment/competence.
8. Variety of tasks.
9. Opportunity for learning.
10. Physical conditions.
11. Getting out of the house.
12. Being able to work on my own.
13. Helping others develop.
14. Job fits interests and skills.
15. Good income.
16. Good support facilities.
17. Opportunity for advancement.
18. Challenging, stimulating work.
19. Getting to make decisions.
20. My job has an impact on others' lives.
21. Boss respects my ability.

Paid Worker Concerns

1. Having too much to do.
2. Job insecurity.
3. Job conflicts with other responsibilities.
4. Not liking my boss.
5. Having to juggle conflicting tasks.
6. Not getting advancement I want/deserve.
7. Job not fitting my skills/interests.
8. Job is too regimented.
9. Bad physical conditions.
10. Lack of recognition/appreciation.
11. Job's dullness/monotony.
12. Dissatisfaction with income.
13. Problems re being a woman.
14. Having to do things not part of the job.
15. Lack of opportunity for career growth.
16. Unnecessary busy work.
17. Lack of challenge.
18. People I work with.
19. Job too draining.
20. Possibilities of being laid off/unemployed.
21. Deal with emotionally difficult situations.
22. Boss' lack of competency.

Appendix B Continued

Wife Rewards

1. Companionship.
2. Having someone take care of me.
3. Husband easy to get along with.
4. Physical affection.
5. Husband being a good father.
6. Able to go to husband with problems.
7. The sexual relationship.
8. Husband backing me up.
9. Enjoyment of doing things for husband.
10. Husband sees me as special.
11. Husband is a good provider.
12. Husband's personality fits mine.
13. Husband's willingness to share housework.
14. Good communication.
15. Husband's willingness to have children.
16. Relationship with husband's family.
17. Equal sharing of family expense.
18. My husband's relationship with my family.
19. My husband is my friend.

Wife Concerns

1. Husband being unavailable.
2. Poor communication.
3. Husband's physical health.
4. Not getting enough appreciation.
5. Conflicts about children.
6. Husband's job/career problems.
7. Problems in sexual relationship.
8. Lack of companionship.
9. Husband's job instability.
10. Demands of husband's job.
11. Husband has emotional problems.
12. Not getting along.
13. Conflict over housework.
14. Not enough emotional support.
15. Conflict re children.
16. Husband is unfaithful to me.
17. Conflicts over money.
18. Difficulty with husband's family.
19. Husband's difficulty with my family.
20. Husband depends on me financially.

Appendix B Continued

Mother Rewards

1. Being needed.
2. Pleasure from their accomplishments.
3. Helping them develop.
4. The love they show.
5. Feeling proud of how they are turning out.
6. Liking the kind of people they are.
7. Being able to go to them with problems.
8. Enjoying doing things with them.
9. The help they give me.
10. The meaning they give to my live.
11. Being the best caretaker for them.
12. The way they get along together.
13. Seeing them mature and change.
14. The way they change me for the better.
15. Economic support from them.
16. They provide me with companionship.
17. Children come to me for advice.

Mother Concerns

1. The financial strain.
2. Feeling trapped/bored.
3. Worry: physical well-being.
4. Not getting along with each other.
5. Heavy demands/responsibilities.
6. Worry: teenage years.
7. Not sure I'm doing the right thing.
8. Their not showing appreciation.
9. Problems with their education.
10. Disappointment in what they are like.
11. Not having enough control over them.
12. Needing me less as they get older.
13. Too many arguments/conflicts with them.
14. Interference in relationship with husband.
15. Limited time for myself.
16. They are unhappy.
17. They've chosen a lifestyle which I don't approve.

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